



Giles-Luce American Legion Post 364
536 W Main St
PO Box 131
Winneconne, WI 54986

MILEAGE REIMBURSEMENT FORM

Traveler Information

Name: _____ Phone: _____

Trip Information

Date: _____ Purpose: _____

From: _____ To: _____ Miles: _____

From: _____ To: _____ Miles: _____

From: _____ To: _____ Miles: _____

From: _____ To: _____ Miles: _____

Total Miles: _____ X Mileage Rate (\$0.725) = Total Reimbursement: \$_____

Certification

I certify that the above information is accurate and related to the business of the American Legion Post.

Signature: _____ Date: _____

Approval

Approved By: _____ (Post Officer)

Signature: _____ Date: _____

Note: Members receiving mileage reimbursement are responsible for determining any applicable tax implications. If applicable, it is the responsibility of the member to claim the difference between the reimbursed rate and the IRS charitable mileage rate of \$0.14 per mile on their personal tax return.