



Montana Office of Public Instruction
Elsie Arntzen, Superintendent

Education Savings Account Mileage Reimbursement Form

Version 1.0, August 15, 2025

Personal Vehicle Mileage Reimbursement High Rate – cents per mile.

Month:

Student Name:

Parent Name:

Date:

Reason for Travel:

Starting Location Address (City, State, Zip):

Ending Location Address (City, State, Zip):

Number of miles traveled:

Date:

Reason for Travel:

Starting Location Address (City, State, Zip):

Ending Location Address (City, State, Zip):

Number of miles traveled:

Date:

Reason for Travel:

Starting Location Address (City, State, Zip):

Ending Location Address (City, State, Zip):

Number of miles traveled:



I certify that the milage reimbursement form was for educational purposes.