



Montana Office of Public Instruction  
Elsie Arntzen, Superintendent

# Education Savings Account Mileage Reimbursement Form

Version 1.5, September 27, 2024

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:

## Reimbursement Amount:

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