MILEAGE REPORT

SHEET NO.: _____

NAME: _____

Time Period From: ____/____/_____ To: ____/____/_____

DATE	DESTINATION/REASON - RATE $.625/MILE	TOTAL MILES
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TOTAL MILES: _____

TOTAL COST: _____

I hereby certify that, to the best of my knowledge, the above mileage report is correct.

_____ ____/____/____

Employee Signature Date

_____ ____/____/____

Supervisor/Athletic Director (if sport activity) Signature Date

eff. 7/1/2022