REQUEST FOR MILEAGE PAYMENT

This report is due in the supervisor's office by the 5th day of the following calendar month.

During the month of ________________, 20____ I made the following trips as a traveling teacher in

☐ French ☐ Physical Education ☐ Speech

☐ Music ☐ Outdoor School Program ☐ ______________________________

(Please complete in ink.)

Date	From	-	To	Mileage*
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**From approved mileage chart*

Date	From	-	To	Mileage*
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			Total	

**From approved mileage chart*

Special Unscheduled Travel

Date	From	-	To	Mileage	Purpose of Trip
		-			
		-			
		-			
		-			
			Total		

Total Scheduled Mileage _____

Total Unscheduled Mileage _____

Total Mileage _____ @ .575 $ _____

FOR BOARD USE ONLY

Acct. No. _____

Approved by:

_____

Date _____

_____

Teacher's Signature

_____

Home Address

_____

_____

Home School