CLEAR FORM

REQUEST FOR MILEAGE PAYMENT

Board of Education of Washington County

Employee ID No.	
Home School	

Name	
Home Street Address	
City, State, Zip Code	

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

During the month of Select a Month , ______ I made the following trips as ____.

SCHEDULED TRAVEL			
DATE	**FROM**	**TO**	**MILEAGE***
		Page 1 TOTAL	0.00

*From approved mileage chart

Employee ID No.	

SCHEDULED TRAVEL			
DATE	**FROM**	**TO**	**MILEAGE***
*From approved mileage chart		**Page 2 TOTAL**	0.00

Employee ID No.	

Additional SCHEDULED TRAVEL

SCHEDULED TRAVEL			
DATE	**FROM**	**TO**	**MILEAGE***
*From approved mileage chart		**Page 3 TOTAL**	0.00

SPECIAL UNSCHEDULED TRAVEL				
DATE	**FROM**	**TO**	**PURPOSE**	**MILEAGE***
*From approved mileage chart			**Special Unscheduled TOTAL**	0.00

Total Mileage

I hereby certify that the mileage detailed on this voucher are in compliance with Board Policy.	Total Scheduled (Page 1+2+3)	0.00
	Total Unscheduled	0.00
Employee Signature _____ Date _____	**Grand Total Mileage**	0.00
	Mileage Rate *($0.67 as of 01/01/24)*	
Employee Name	**Due to Employee**	$ 0.000

FOR BOARD USE ONLY	
Acct. No	
Approved By	
Date	