

EXPENSE REPORT - MILEAGE FORM

To be used for scheduled trips where mileage is the only expense and for interdistrict travel.

Name _____

Date _____

School _____

Account Number

[illegible]

Total Miles	0.0 X .67 = \$	0.00
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I certify that the mileage listed above was accumulated on my personal automobile for the purpose stated above.

Submitted by _____

Approved: _____
Administrator

Vendor Number

Business Manager

NOTE: Revised mileage rate - January 1, 2024 through December 31, 2024.