

Date	Name of place visited, person contacted and purpose of your trip	Actual official

Total Official Mileage for Month: 0

Amount Due @ .38 Per Mile: \$0.00

Reimbursement \$0.00

Grand Total: \$0.00

Signed: _____
Employee / Date

Approved: _____
Principal or Immediate Supervisor / Date

Approved: _____
Department Director / Date

Director of Finance / Date

Approved: _____
Department Director/ Date

Deducted: \$ _____

Reason: _____
Date(s)

Date(s)

Date(s)

Deduct Payment from the following:
General Purpose
Title I
Title II
Title IV
Carl Perkins
IDEA
Other