

Ringgold School District
 400 Main Street
 New Eagle, PA 15067
 (724) 258-9329 x1111 Accounts Payable

MILEAGE REPORT

Employee _____
 School _____
 Position _____

Month / yr _____

Date	Date	Trip 1 From/to	Trip 2 From/to	Trip 3 From/to	Trip 4 From/to	Reason for travel	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
						TOTAL MILEAGE :	

Calculation:
 Monthly mileage _____
 Rate per mile _____
 Payment Due _____

Budget Code _____
Amount _____

 (Please code)

Verification _____
 Employee Signature _____
 Principal/Supervisor _____
 Calculations _____
 Dir of Finance/Op _____
 Superintendent _____

