PAULDING EXEMPTED VILLAGE SCHOOLS
MONTHLY TRAVEL EXPENSE REPORT

NAME: _____

MONTH: _____ 20 _____

DATE	DESTINATION AND PURPOSE	# MILES

Total Miles	
X Current Rate	$0.58
Total Mileage Expense	$
Misc. Expenses*	$
Total Reimbursement Due	$

*Please attach itemized receipts (with short explanation) for Miscellaneous Expenses to upper left-hand corner.

Signature: _____

Approval: _____

Form should be submitted by the 10th of the month following the expenses.