

PAULDING EXEMPTED VILLAGE SCHOOLS  
MONTHLY TRAVEL EXPENSE REPORT

NAME: \_\_\_\_\_

MONTH: \_\_\_\_\_ 20 \_\_\_\_\_

DATE	DESTINATION AND PURPOSE	# MILES

Total Miles	
X Current Rate	\$.655
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.