PAXTON-BUCKLEY-LODA CUSD #10

EMPLOYEE REQUEST FOR REIMBURSEMENT FOR MILEAGE EXPENSES

PLEASE TURN THIS FORM IN AT THE END OF EACH MONTH

EMPLOYEE NAME: _____ **DATE: _____**

DATE	DESTINATION	# OF MILES (from bldg. to bldg.)	COST OF MILEAGE (office use only)

SIGNATURE OF EMPLOYEE_____

SIGNATURE OF PRINCIPAL_____

(FOR OFFICE USE ONLY)

TOTAL MILES_____
TOTAL COST_____