WM. S. HART UNION HIGH SCHOOL DISTRICT

MILEAGE IN CONNECTION WITH SCHOOL BUSINESS

NAME OF EMPLOYEE _____ DATE SUBMITTED _____

TIME PERIOD COVERED _____ WORK SITE _____

WHOLE MONTHS ONLY, 3 MONTH MAXIMUM

DATE	DESTINATION	REASON FOR TRIP	MILES

TOTAL MILES_____AT_____(CURRENT RATE) PER MILE $_____

_____ _____

ACCOUNT CLASSIFICATION SIGNATURE OF EMPLOYEE

****

_____ _____

APPROVAL OF PRINCIPAL DATE

_____ _____

APPROVAL OF FUNDING ADMINISTRATOR DATE

_____ _____

APPROVAL OF BUSINESS SERVICES DATE

**If using more than one form, name must appear on all pages.

White/Yellow - Business Office Pink - Employee