

PATRICK HENRY LOCAL SCHOOLS
Mileage Report 2021-2022

Name - _____

Building/Department - _____

Position - _____

Dates - _____

DATE	LOCATION	REASON	MILEAGE
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DATE	LOCATION	REASON	MILEAGE
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_____	_____	_____	_____

I submit this report to be actual mileage I have personally traveled in accordance with the policies of the Patrick Henry School District.

Employee Signature

Date

Athletic Director Signature [if necessary]

Mileage Rates
Certified - \$0.56

Total Mileage - _____

Principal/Supervisor Signature

Classified - \$0.56

X Rate - \$_____

Superintendent Signature

Total Reimbursement - \$_____

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