

PATRICK HENRY LOCAL SCHOOLS
Mileage Report 2018-2019

Name - _____

Building/Department - _____

Position - _____

Dates - _____

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

Total Mileage - _____

Certified - \$0.545

Principal/Supervisor Signature

Classified - \$0.545

X Rate - \$ _____

Superintendent Signature

Total Reimbursement - \$ _____