

Patrick Henry Local Schools
Professional Leave Mileage Form
2018-2019

AESOP Number: _____

Name: _____

Building: _____

Meeting Attending: _____

Location of Meeting: _____

Meeting Date: _____ Half Day: _____ Full Day: _____

Substitute Needed: Yes: _____ No: _____

Miles: _____ x \$.545 Total: _____

Account Code: _____

Employee's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

AFTER MEETING, please sign and return to the Treasurer's office:

Employee's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

(OK to reimburse)