REVISED: 07/01/2015

PIKE COUNTY SCHOOL SYSTEM
DAILY REPORT AND MILEAGE EXPENSE CLAIM FORM

NAME: _____ TITLE: _____ MONTH/YEAR: _____

DATE	SCHOOLS/LOCATION VISITED	TOTAL MILES	RATE PER MILE	TOTAL	PURPOSE
	TOTALS:				

VENDOR'S CERTIFICATION: I hereby certify that the above is a correct statement of amount due from the above named School System for travel as itemized.

_____

VENDOR SIGNATURE DATE

IN ORDER TO BE PAID, VENDOR MUST ATTACH FORM FS-75. THE FORM FS-75 MUST BE REVIEWED AND APPROVED BY THE VENDOR'S SUPERVISOR AND BE SUBMITTED TO THE FINANCE OFFICE WITHIN 60 DAYS FROM THE FIRST DATE OF TRAVEL LISTED ABOVE. THIS FORM SHALL COVER ONE CALENDAR MONTH PER FORM.