

MONTH: _____

Stark County Educational Service Center
MONTHLY MILEAGE CALCULATION FORM

VENDOR # _____
PO # _____

This form must be on file in the Treasurer's office by the 10th of the month following travel.

Day	Destination	Miles
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

Total Miles _____ @ \$ _____ /mile = \$ _____ (Total amount due)

Employee Signature _____ Printed Name _____

Department _____

Director's Signature _____

Supt./Asst. Supt. Signature _____