## USD #453 IN-DISTRICT MILEAGE LOG FORM FOR USE OF PRIVATELY OWNED VEHICLES

REQUESTED BY(Please Print)			POSITION IN DISTRICT			
	(Please Prin	it)				
For the period beginning			and ending			
LOCATI		OF TRAVEL		NATURE OF SCHOOL BUSINESS		
DATE	FROM	TO	# MILES	(& name of person contacted)		
				-		
Total miles		_ reimbursed at \$.653	5 per mile.	Amount due \$		
Date		_ Signature of Re	questing Party _			
Date		Signature of Administrator/Director				
	<u></u>		VENDOR #:	CHECK #:		

Mileage rates are subject to change each year in January.

Form MUST be turned in within 60 days of event to receive reimbursement.

DATE PD:	

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	LOCATION OF TRAVEL			NATURE OF SCHOOL BUSINESS
DATE	FROM	ТО	# MILES	NATURE OF SCHOOL BUSINESS (& name of person contacted)
+				
<del></del>				
+				
+				