AMHERST SCHOOLS MILEAGE SHEET

PLEASE PRINT NAME: _____

PO Number: _____ _____

DATE	From	To	Purpose	Miles
		TURNPIKE TOLLS	**Total Misc. Exp.**	
		TOTAL MILES		**0**
		EFF. 01/01/2024	**$ 0.670**	
		TOTAL ALL	**xxxxxxxxxxxxxxx**	

Individual's Signature _____

Supervisor's Signature _____
or
Superintendent's Signature _____

Revised 01/01/2024