

**POLAND SCHOOL DISTRICT
MONTHLY TRAVEL REPORT – REIMBURSEMENT FOR MILEAGE**

Name _____ Position _____

Report for Month of _____

Days of Month	Destination	Reason for Trip	Total 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 _____ x rate _____ = \$ _____

Please be careful when filling in dates of travel. This information will be verified by information for payroll.

By signing below, I certify that all information is true and correct.

Signature

Date