

CRESTWOOD LOCAL SCHOOLS

Revised 01/01/2024

Name _____
Home _____
Address _____

Mileage & Expense Report

Today's Date _____

Day of Week	Date	Starting Point	Location of Meeting	City	Ending Point	Purpose	Miles	Misc Receipts
Attach Mapquest if out of District				0.00	Total Miles	TOTALS:	\$0.00	\$0.00

Purchase Order # _____

Mileage Rate as of 1/1/24 = 0.670

Grand Total: \$0.00

Employee Signature _____

Authorizing Signature _____