PAULDING EXEMPTED VILLAGE SCHOOLS

MONTHLY TRAVEL EXPENSE REPORT

NAME: _____

MONTH: _____ 20 _____

DATE	DESTINATION AND PURPOSE	# MILES

Total Miles	0
X Current Rate	$0.670
Total Mileage Expense	$ 0.00
Misc. Expenses*	
Total Reimbursement Due	$ 0.00

*Please attach itemized receipts (with short explanation) for Miscellaneous Expenses to upper left corner.

Signature: _____

Approval: _____

Form should be submitted by the 10th of the month following the expenses.