

**BELLEFONTAINE CITY SCHOOL DISTRICT  
MILEAGE VOUCHER - CERTIFIED and CLASSIFIED EMPLOYEES**

P.O. # \_\_\_\_\_  
 Superintendent's Approval: \_\_\_\_\_

Employee (Coordinator)		Vocational Program (if applicable)	Month _____, 20____
Date	Day of Week	Places Visited	Mileage
01	_____	_____	_____
02	_____	_____	_____
03	_____	_____	_____
04	_____	_____	_____
05	_____	_____	_____
06	_____	_____	_____
07	_____	_____	_____
08	_____	_____	_____
09	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____
21	_____	_____	_____
22	_____	_____	_____
23	_____	_____	_____
24	_____	_____	_____
25	_____	_____	_____
26	_____	_____	_____
27	_____	_____	_____
28	_____	_____	_____
29	_____	_____	_____
30	_____	_____	_____
31	_____	_____	_____
<b>TOTAL</b>			_____

Total Miles Driven \_\_\_\_\_ @ 56 cents per mile = \_\_\_\_\_ Amount Due

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_