OUT OF DISTRICT MILEAGE REPORT

******Please include a map to verify mileage.******

Lincolnshire-Prairie View School District # 103

NAME: _____

DATE SUBMITTED: _____

DATE	TRAVEL FROM	TRAVEL TO	TOLLS	MILES	EXPLANATION
		Total			
				Multiply total miles by .67 (2024)	
				Total Reimbursement Amount (Tolls & Miles)	

SUPERVISOR APPROVAL SIGNATURE

ACCOUNT NUMBER