



# 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
<b>Total</b>					
<b>Multiply total miles by .70 (2025)</b>					
<b>Total Reimbursement Amount (Tolls &amp; Miles)</b>					

\_\_\_\_\_  
SUPERVISOR APPROVAL SIGNATURE

\_\_\_\_\_  
ACCOUNT NUMBER