MARPLE NEWTOWN SCHOOL DISTRICT
MILEAGE EXPENSE REPORT

EMPLOYEE: MONTH:

POSITION: BUILDING:

| Date | Travel Purpose | From/To (Location #) | Total Miles |
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|---|---|
| Grand Total | |
| Multiplied by | .76 Cents |
| Reimbursement | |

Employee Signature: _____

Principal/Supervisor Signature:_____

Central Office Administrator: _____

Business Office: _____

Budget Code: __ __-__ __ __ __- __ __ __- __ __ __- __ __- __ - __ __- __ __

Revised 10-22-26