BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
OFFICIAL SCHOOL BUSINESS MILEAGE LOG

Name: _____   **Location:** _____   **Month:** _____

Car: _____   **Starting Odometer Reading:** (beginning of month) _____   **Semester/Year:** _____

☐ AM   ☐ PM

Date	Starting Point	Destination(s)	Explanation(s)/Purpose	Beginning Odometer	Ending Odometer	Trip Mileage

Totals _____

I certify that all information provided above is true to the best of my knowledge.

GRAND TOTAL _____

Employee Signature: _____   **Date** _____

Principal/Administrator Signature: _____   **Date** _____   **Page** _____ of **Page** _____

This is an official document subject to audit by the Internal & External Auditors.

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Employee Signature: _____ **Date** _____ **Page** _____ of **Page** _____

Principal/Administrator Signature: _____ **Date** _____

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