WENATCHEE SCHOOL DISTRICT #246

IN-DISTRICT MILEAGE FORM

Please submit completed form to the Business Office on a monthly basis.

List each day traveled and detail starting point, destination and purpose of travel.

Each page must be signed by employee and supervisor.

Please print l	egibly			
Report of:			Account Code:	
Position:				
School:			Supervisor's Signature:	
Date	Starting Point	Destination	Purpose	Mileage
	-			
				<u> </u>
			Total Number of	of Miles =
			X .540 g	per mile =
			that this is a true and correct claim for	
incurred by n	ne and that no payment	_	me on account thereof.	
		Address:		
	Updated Jan 1, 2016			