LONGVIEW SCHOOL DISTRICT NO. 122 MONTHLY MILEAGE LOG/REIMBURSEMENT AUTHORIZATION

nployee Name		Work Site:					
ldress		Month					
y	State	Zip Year					
Budget Code Budget Code							
Location of trips made for School District business							
Date	From (Building):	To (Building or Vicinity):	# Miles				
		TOTAL MONTHLY MILES INCUR	ED				
	e reimbursable mileage rate is 56						
cents per mile.		TOTAL REIMBURSEMENT					

Employee Signature:	Print Name:	Date:	
Supervisor Signature:	Print Name:	Date:	
Program Signature:	Print Name:	Date:	