OAK HILLS LOCAL SCHOOL DISTRICT
TRAVEL EXPENSE FORM

NAME_____ **BUILDING**_____

DATE	DESTINATION	MILES TRAVELED

Total miles on this page _____ **at 55.5 cents per mile = $**_____

I certify this mileage was for school business. _____
Signature

PLEASE SEND TO YOUR IMMEDIATE SUPERIOR FOR APPROVAL.

Blanket P. O. #_____ Approved by_____
(If applicable)

Revised
July, 2011