WEST CENTRAL ILLINOIS SPECIAL EDUCATION COOPERATIVE

130 S. Lafayette Street, Suite 201 Macomb, Illinois 61455 309/837-3911

MILEAGE REPORT

This form must be submitted to the central office by 8:00 a.m. on the 5th of every month to receive a check during the month.

NAME _____ MONTH & YEAR _____

DATE	FROM	TO	PURPOSE OF TRIP	Round Trip	TOTAL MILES:	AMOUNT SUBTRACTE:	REIMBURSEABLE MILES:

	TOTAL MILES	
SIGNATURE OF SUPERVISOR	MILAGE RATE X	.45
Note: Round Trip Column - indicate Y/N (Yes or No)	TOTAL REIMBURSEMENT	

07/09