

PROGRESO INDEPENDENT SCHOOL DISTRICT
Monthly Mileage Report

Name _____ Month _____ Year _____

Account No. _____ Campus/Department _____

Mileage Reports need to be turned in on a monthly basis to A/P Department

Day	Time		Destination/Purpose	Odometer Reading		Total Miles
	Depart	Arrival		Previous	Present	
TOTAL MILES						

Multiply number of miles by appropriated mileage rate (\$0.50).....**Mileage Expense \$** _____

I certify that this report and amount claimed are true, correct and complete to the best of my knowledge.

SIGNATURE & DATE

Traveler _____

Supervisor _____

Federal Programs Director _____

Business Manager _____

MUST HAVE ALL REQUIRED SIGNATURES BEFORE SUBMITTING TO BUSINESS OFFICE