

OTTAWA-GLANDORF SCHOOLS

Mileage and Miscellaneous Expenses

MILEAGE REIMBURSEMENT FORM

Month _____

Day	From	To	Miles	Purpose
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total Mileage				<i>Please attach miscellaneous receipts and submit to Administrative Offices. Note: Section below must be completed before payment can be issued.</i>
Mileage Rate				
Total Mileage Due				
Total Miscellaneous Receipts				
TOTAL AMOUNT DUE				

APPROVAL

Employee's Signature _____ Date _____

Approved by _____ Date _____

Purchase Order Number _____ Partial _____ Complete _____