

PAULDING EXEMPTED VILLAGE SCHOOLS MONTHLY TRAVEL EXPENSE REPORT

NAME _____

MONTH _____ 20_____

DATE	DESTINATION & PURPOSE	# MILES

Total Miles	
X Current Rate	\$.535
Total Mileage Expense	\$
Misc. Expenses*	\$
Total Reimbursement Due	\$

*Please attach itemized receipts (with short explanation) for Miscellaneous Expenses to upper left-hand corner.

Signature _____

Approval _____

Form should be submitted by the 10th of each month following the expenses.