



MADISON LOCAL SCHOOL DISTRICT
Monthly Mileage Report (For Travel after 12-31-19)

Name: _____

Month: _____

Complete and submit this form to the Treasurer's Office at the end of each month for payment the following month.

Day of Month	Reason/Destination	Mileage	Parking/Tolls	(Attach Receipts) Meals	(Attach Receipts) Miscellaneous
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 Miles _____		(x 57.5¢/mile)			

SUB TOTALS _____ \$ _____ \$ _____ \$ _____

ACCOUNT # _____

TOTAL AMOUNT DUE: \$ _____

I attest that the information above related to my travel expenses is a true and accurate reflection of those expenses which were incurred in performance of my employment with the Madison Local School District.

Employee Signature

Approval Signature