



MADISON LOCAL SCHOOL DISTRICT
Monthly Mileage Report (For Travel after 12-31-18)

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 |
|--------------------|--------------------|---------|----------------------|----------------------------|------------------------------------|
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| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |
| Total Miles | | _____ | (x 58 ¢/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