

SKANEATELES CENTRAL SCHOOLS

MILEAGE REPORT

NAME AND ADDRESS:

DATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Indicate approximate areas of distance traveled)

DATE            FROM                      TO                      MILES            \*PURPOSE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please indicate "H" for Health; "A" for Attendance; "O" for Other (Specify reason)

Totals: H \_\_\_\_\_ @ \$.58/mile \$

A \_\_\_\_\_ @ \$.58/mile \$

O \_\_\_\_\_ @ \$.58/mile \$

Gross: \_\_\_\_\_ @ \$.58/mile \$

Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SUPERVISORS APPROVAL \_\_\_\_\_