SKANEATELES CENTRAL SCHOOLS

MILEAGE REPORT

NAME AND ADDRESS: DATE:_____

_____

_____

_____

(Indicate approximate areas of distance traveled)

DATE	FROM	TO	MILES	*PURPOSE

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

Totals: H_____@ $.585/mile $

A_____@ $.585/mile $

O_____@ $.585/mile $

Gross:_____@ $.585/mile $

SIGNATURE _____ DATE _____

SUPERVISORS APPROVAL _____ DATE _____

REVISED 01/27/2022 by G.R.