



SKANEATELES CENTRAL SCHOOLS



2026 MILEAGE REPORT

NAME AND ADDRESS:

DATE: _____

(Indicate approximate areas of distance traveled)

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

Totals: H @ \$.725/mile \$

A @ \$.725/mile \$

O @ \$.725/mile \$

Gross: @ \$.725/mile \$

SIGNATURE _____

DATE _____

SUPERVISORS APPROVAL _____ **DATE** _____