

## 2026 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\_\_\_\_\_@ \$.725/mile \$

A @ \$.725/mile \$

O @ \$.725/mile \$

Gross: @ \$.725/mile \$

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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