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_____@ $.655/mile $

A_____@ $.655/mile $

O_____@ $.655/mile $

Gross:_____@ $.655/mile $

SIGNATURE _____ DATE _____

SUPERVISORS APPROVAL _____ DATE _____

REVISED 01/10/2023 by G.R.