

**LAKE HOLCOMBE PUBLIC SCHOOLS
MILEAGE & EXPENSE FORM**

Employee _____
(Please sign below)

Date _____ 20____ thru _____ 20____

Mileage:

<u>Date</u>	<u>Place Visited</u>	<u>Activity</u>	<u>Miles</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Mileage _____

@ \$.54.5 per mile \$ _____

.....
Other Expenses: Attach original invoices (receipts) for each entry:

<u>Motel</u>		<u>Meals</u>		<u>Other</u>		
<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>For What Purpose</u>	<u>Amount</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total \$ _____

Total \$ _____

Total \$ _____

.....
MILEAGE AND EXPENSE SUMMARY

Employee Signature _____

Mileage \$ _____

Motel \$ _____

Approved _____

Meals \$ _____

District Administrator

Other \$ _____

TOTAL \$ _____