



SKANEATELES CENTRAL SCHOOLS



MILEAGE REPORT

NAME AND ADDRESS:

DATE: _____

(Indicate approximate areas of distance traveled)

<u>DATE</u>	<u>FROM</u>	<u>TO</u>	<u>MILES</u>	<u>*PURPOSE</u>
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*Please indicate "H" for Health; "A" for Attendance; "O" for Other (Specify reason)

Totals: H_____ @ \$.67/mile \$
 A_____ @ \$.67/mile \$
 O_____ @ \$.67/mile \$
 Gross:_____ @ \$.67/mile \$

SIGNATURE _____

DATE _____

SUPERVISORS APPROVAL _____

DATE _____