

<b>MILEAGE REPORT</b>	<b>DALLAS SCHOOL DISTRICT #2</b> Dallas, Oregon 97338
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□ Classified

Name \_\_\_\_\_ Month of \_\_\_\_\_ Year \_\_\_\_\_  
School \_\_\_\_\_

The district will reimburse personnel for travel in connection with their assigned duties.

**Only mileage logged within last 60 days is eligible for reimbursement.**

[illegible]

**APPROVED** \_\_\_\_\_

Supervisor Date

**APPROVED** \_\_\_\_\_  
District Office Date

I hereby certify that I have knowledge of the above claim; that said claim is true and correct; that the amount herein specified is due from the District as stated and that no part thereof has been heretofore paid.

Employee's signature

Date \_\_\_\_\_

**DISTRICT OFFICE USE ONLY:**

Account Number\_\_\_\_\_

Vendor Number \_\_\_\_\_

Amount due from School District #2 for miles traveled:

\_\_\_\_\_ Miles @ \_\_\_\_\_ per mile \$ \_\_\_\_\_