

Romeo Community Schools

Monthly Mileage and Expenses from Trip

Name: _____

Work Location: _____

Month: _____

Year: _____

Day Of Month	Destination	Purpose	Miles	Other Expenses*	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Minus Round Trip Mileage from Home to Romeo					

Total

Rate Effect. - 01.01.2023

0.655

Total Mileage

Total Other Expenses

Total Amount Due

I do hereby certify that the above is true and correct, and that no part of the same has been paid.

To be signed by Employee

To be signed by Supervisor/Director

Date

Account Number

Mileage

Other

**** If traveling out of the district boundaries, must include address or a copy of mapped directions ****