Perry-Hocking Educational Service Center
Monthly Mileage Expense Form
(Mileage Form must be submitted by the 15th of the following month)

Name _____

Travel for month of _____

Date	Destination	# Miles
	Total Miles	
	Total Amount Requested (Multiply by .**55**)	

(Please round mileage - for example, if you have traveled 27.5 miles, round up to 28; if you have traveled 27.4 miles, round down to 27.)

Employee Signature _____

Superintendent Signature _____

Office Use Only

Purchase Order No. _____ Date _____

Account Code _____ Vendor No. _____

Rev (01/07)