SCHUYLKILL HAVEN AREA SCHOOL DISTRICT
MONTHLY MILEAGE REPORT

Employee: _____

Effective 01/01/2018 ***Date:*** _____

DATE	*FROM*	*TO*	*MILES*

Total Monthly Mileage X 54.5¢ _____

Total Mileage Reimbursement _____

Round trip example:

01/03/18	*HS ↔ IU29 Mar Lin*	*14*

The above is a correct statement of my mileage for the above period.

Employee Signature _____