USD #469 DISTRICT MILEAGE LOG FORM FOR USE OF PRIVATELY OWNED VEHICLES

REQUESTED BY:			POSITION IN DISTRICT:	
FOR THE PERIOD BEGINNING:			AND ENDING:	
B.T.	OCATION OF T		// ANY 50	NATURE OF SCHOOL BUSINESS
DATE	FROM	ТО	# MILES	(& name of person contacted)
TOTAL MILES: 0		_	Reimbursed at 0.655 per mile:	0
Date:		_	Signature of Requesting Party:	
Date:		S	ignature of Administrator/Director:	

Form MUST be turned in within 60 days of event to receive reimbursement.