RESET

LICKING HEIGHTS LOCAL SCHOOL DISTRICT
MILEAGE REIMBURSEMENT

NAME: ______________________________ **P.O. #:** ______________

MONTH: ____________________ **YEAR:** 2020

Day	Place Visited	Purpose of Trip	Mileage

Total Mileage	0
per Mile	$0.575
Total Due	$0.00

______________________________ ______________________________

Signature Approved By:

SUBMIT ONE (1) COMPLETED COPY TO THE TREASURER ON OR BEFORE THE 5TH DAY OF THE NEXT SUCCEEDING MONTH.