RESET

LICKING HEIGHTS LOCAL SCHOOL DISTRICT
MILEAGE REIMBURSEMENT

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

MONTH: ____________________ **YEAR:** 2021

Day	Place Visited	Purpose of Trip	Mileage
		Total Mileage	0
		per Mile	$0.56
		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.