RESET

LICKING HEIGHTS LOCAL SCHOOL DISTRICT
MILEAGE REIMBURSEMENT

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

MONTH: ________________________ **YEAR:** 2022

Day	Place Visited	Purpose of Trip	Mileage
	0		
		Total Mileage	0
		per Mile	$0.585
		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.