



**LICKING HEIGHTS LOCAL SCHOOL DISTRICT  
MILEAGE REIMBURSEMENT**

**NAME:** \_\_\_\_\_ **P.O. #:** \_\_\_\_\_

**MONTH:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

Day	Place Visited	Purpose of Trip	Mileage
<b>Total Mileage</b> <b>per Mile</b> <b>Total Due</b>			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Approved By: