



6539 Summit Road
 Pataskala, Ohio 43062
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Mileage Reimbursement Form

Name _____ PO # _____

Month _____ Year _____

Date	Place Visited	Purpose of Visit	Mileage
Total Mileage			
Per Mile			
Total Due			

 Requester's Signature

 Date

 Approved By

 Date

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