Licking Heights
LOCAL SCHOOLS

6539 Summit Road
Pataskala, Ohio 43062
(740) 927.6926
www.LHSchools.org

Mileage Reimbursement Form

Name _____ PO # _____

Month _____ Year 2026

Date	Place Visited	Purpose of Visit	Mileage
		Total Mileage	0
		Per Mile	.725
		Total Due	0

_____ _____
Requester's Signature Date

_____ _____
Approved By Date

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