Cleveland Municipal School District RECORD OF MILEAGE AND/OR PUBLIC TRANSPORTATION FOR REIMBURSEMENT INSTRUCTIONS

- **GENERAL** (Both Mileage and Public Transportation)
 - 1.

 - 3.
 - 4.
 - ERAL (Both Mileage and Public Transportation)
 Show location traveled to daily.
 If space per day is inadequate, use additional sheets.
 Show mileage in whole miles and tenths. (Tenths in shaded area)
 If Public Transportation used, show actual fare paid.
 Show totals on last sheet, if more than one sheet is used.
 Complete the shaded blocks at the bottom of the sheet. If additional sheets are used, please complete the blocks on the last page used during the week. 5.

PO#	:

B. PUBLIC TRANSPORTATION

Enter the total cost of fares paid for the week in the space captioned Amount at the top right-hand side of the form. **DO NOT** complete the fields at the lower righ side of the form where the mileage amount is computed.

NOTE: The data shown on this form must be accurate for prompt payment. *Note: Word does not automatically update its fields. When you enter data you have to right-click the "Total..." fields and select "Update Field" in shortcut menu.

NAME						PHON	IE NUMBER	Total Fa	re or Mileage Amoun
ADDRESS			ZIP CODE					0.00	
Monday MM/DD 20	No. of Miles Between Stops	Tuesday	MM/DD 20	0	No. of Mile Between St		Wednesday MM/DD	20	No. of Miles Between Stops
FROM start location	0.00	FROM			0.00		FROM		0.00
TO end location	0.00	то			0.00		то		0.00
то	0.00	то			0.00		то		0.00
то	0.00	то			0.00		то		0.00
то	0.00	то			0.00		то		0.00
то	0.00	то			0.00		то		0.00
то	0.00	то			0.00		то		0.00
то	0.00	то			0.00		то		0.00
ТО	0.00	то			0.00		то		0.00
Total Mileage or Fares Paid for Day	0.00	To Far	otal Mileage or es Paid for Day	y	0.00		Total Mileage Fares Paid for I		0.00
Thursday MM/DD 20	No. of Miles Between Stops	Friday	MM/DD 20	0	No. of Mile Between St		Saturday & Sunday MM/DD	20	No. of Miles Between Stops
FROM	0.00	FROM			0.00		FROM		0.00
то	0.00	то			0.00		то		0.00
то	0.00	то			0.00		то		0.00
то	0.00	то			0.00		то		0.00
то	0.00	то			0.00		то		0.00
то	0.00	то			0.00		то		0.00
то	0.00	то			0.00		то		0.00
то	0.00	то			0.00		то		0.00
то	0.00	то			0.00		то		0.00
Total Mileage or Fares Paid for Day	0.00	Fa	otal Mileage or res Paid for Day	,	0.00		Total Mileage of Fares Paid for D		0.00
Teertify that the mileage and/or fares paid, as set forth on this report is a true statement of the Intra-System Travel taken while on Official Business of the Cleveland Municipal School District.		(FOR CLE AUDITED E	RK-TREAS.) BY:				EAGE ONLY AL FOR WEEK		0.00
		Use approved mileage rate.			хм	X MILEAGE RATE \$ 0.00			
		DATE				_ M	IILEAGE AMOUNT		0.00
SIGNATURE OF DRIVER-EMPLOYEE		DATE DATE							
SUPERVISORY APPRO	DVAL				AUTH	ORIZIN	NG SIGNATURE		

ACCOUNT NUMBER:	(Example: 001.1 fur	111 . 1100 . 421 . 000 nd s c c functio	000 . 123 . 00 . 000 on object subje				
FUND	SPEC COST	FUNCTION	OBJECT	0 0 0 0 0 0 0 SUBJECT	OPER	IL.	JOB
	CTR				UNIT		
SOCIA	L SECURITY NUMB	BER	P.O	. NUMBER	AMOUNT TO B	E PAID	
REVISED 07/2002					P	AGE	OF