

**SCHUYLKILL HAVEN AREA SCHOOL DISTRICT
MONTHLY MILEAGE REPORT**

Effective 01/01/2020

Employee: _____

Date: _____

<i>DATE</i>	<i>FROM</i>	<i>TO</i>	<i>MILES</i>

Total Monthly Mileage X 57.5¢ _____

Total Mileage Reimbursement _____

Round trip example:

01/02/20	HS ↔ IU29 Mar Lin	14
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The above is a correct statement of my mileage for the above period.

Employee Signature _____