

**BROOKFIELD LOCAL SCHOOL DISTRICT
QUARTERLY MILEAGE REIMBURSEMENT REPORT**

Name: _____ Building: _____
Time Period: _____

DATE OF TRAVEL	DESTINATION	R/T MILES	X	IRS RATE	TOTAL	PO#
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	
			X	0.575	0	

GRAND TOTAL					
0					

I certify that the above is an accurate report. Signature: _____

SUPERVISOR SIGNATURE: _____

R/T Mileage	TCTC	36 MILES
	TCESC	30 MILES
	YSU	30 MILES
	MCESC	60 MILES

REMINDER - MILEAGE REIMBURSEMENTS REQUIRE A PURCHASE ORDER. PURCHASE ORDERS MUST BE APPROVED PRIOR TO TRAVEL. FAILURE TO SUBMIT PURCHASE ORDERS PRIOR TO TRAVEL MAY RESULT IN MILEAGE REIMBURSEMENT BEING DENIED.