USD 489 Record of Mileage Reimbursement for In-District Travel

2023-2024 School Year

Name:		School:			
DED BOARD DOL	ICV GAN: 1	FRAVEL EXPENSES - ALL	EMDI OVEES		
				££	
	•		oproved travel between buildings, sta	rr members shall be	
	•	established by the board.			
To receive rei					
			gnature of your supervisor.	and the standard All	
	•	cluding date of travel, travel ust have this information f	el destination and purpose, and numb	er of miles traveled. All	
			ceived by the accounting office no late	ar than May 30 2024	
to receive rein			cerved by the accounting office no late	iviay 30, 2024	
		Total Miles	Total	Amount	
12 mor		TOTAL IVILLES	Totali		
June	staff only		Total Miles June		
July			x .585 cents	\$	
August				•	
September					
October					
November					
December					
January					
February					
March					
April					
May			Total Miles July -		
			June x 0.655	\$	
			Total:	\$	
			Total.	y	
State of Kansas, E	Ilis County,	SS.			
I, undersigned, do	solemnly sv	vear that I am the agent of	above named claimant that the abov	e account against the	
· ·	•		ounty, State of Kansas, is just and corr		
and unpaid.					
·					
Signature					
-					
Data start 1/C	: C':				
Principal / Supervi	ısor Sıgnatur	е	Date		