

Shepherd Public Schools  
 Report of Mileage Expenses  
 Fiscal Year 2023/2024

Applicant's Name \_\_\_\_\_

Date	Destination	Purpose	Miles Traveled
<b>Total Miles</b>			
			0.655

Account Number \_\_\_\_\_

Mileage Reimbursement \_\_\_\_\_

**Total Reimbursement** \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Building Principal/Director/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Superintendent/Assistant Superintendent \_\_\_\_\_ Date 07/19/23