

2017

**SCHOOL DISTRICT OF ALTOONA
MILEAGE REIMBURSEMENT**

Name of Person (Please Print): _____

DATE	DESTINATION	# MILES	MILES x .535

I certify this to be a true statement of the actual mileage traveled for School District of Altoona business. **TOTAL** \$ _____

Signature _____ Date _____

For Office Use Only

Account Number _____ **AMOUNT APPROVED \$** _____
Supervisor Approval _____ Date _____
Business Office Approval _____ Date _____