SCHOOL DISTRICT OF ALTOONA
2019 MILEAGE REIMBURSEMENT

Name of Person (Please Print): _____

DATE	DESTINATION	# MILES	MILES x .58
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00

I certify this to be a true statement of the actual mileage traveled for School District of Altoona business.

TOTAL **$** $ 0.00

Signature _____ Date _____

For Office Use Only

Account Number _____ **AMOUNT APPROVED $** _____

Supervisor Approval _____ Date _____

Business Office Approval _____ Date _____