RIVERSIDE LOCAL SCHOOL DISTRICT

MILEAGE RECORD

Period of Travel **From_____** **To_____**

DATE	FROM	TO (LOCATION)	PURPOSE	# OF MILE PER LOCATION

_____ X $0.58 = $_____ Date Submitted_____

Total # of Miles **Amount Due**

_____ _____ _____

Signature **Please Print Name** **Position**

_____ _____

Supervisor's Approval **Treasurer's Approval**

Rev. 1/1/2019