TRUMBULL COUNTY
EDUCATIONAL
SERVICE CENTER

MONTHLY
MILEAGE REPORT

Name: _____ **Department:** _____

Month: _____ **Year:** _____

Routine mileage is that which occurs as a part of daily service to school districts.
This form should be used for ***professional meeting mileage*** when mileage is the only cost associated with attending a professional meeting.

DATE	DESTINATION OR TRAVEL BETWEEN BUILDINGS	ROUTINE MILEAGE	PROFESSIONAL MEETING MILEAGE

Total Routine Miles: _____ x $ _____ (Board Mileage Rate) = $ _____ Amount Due
Total Professional Meeting Miles: _____ x $ _____ (Board Mileage Rate) = $ _____ Amount Due

_____ _____
Employee Signature *Date*

_____ _____
Supervisor/Director Signature *Date*

Revised: 7/15/97, 11/30/99, 8/1/03