

ELMWOOD LOCAL SCHOOL DISTRICT
Monthly Travel Report

Employee: _____ Month: _____ Year: _____

Day of Month	Destination/Activity	Mileage
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____
28	_____	_____
29	_____	_____
30	_____	_____
31	_____	_____

Employee Signature: _____ **Total Mileage:** _____
Reimbursement @ \$.67 (eff 1-1-24)

Supervisor Approved: _____ **Amount Due: \$** _____

Purchase Order #: _____