**GALLIA COUNTY HELP ME GROW** **Month of** _____

**MONTHLY MILEAGE CALCULATION**

| DATE | DESTINATION | MILEAGE | MISC. |
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This is to certify that I have traveled, in the interest of the Gallia County Help Me Grow, the number of miles indicated.

Total miles _____ @ $.505 per mile = $_____

Total Amount Due $_____

Signature _____ Project Director _____

Superintendent _____ Date _____