

USE THIS FORM BEGINNING JANUARY 1, 2024

GALLIA-VINTON EDUCATIONAL SERVICE CENTER
MONTHLY MILEAGE CALCULATION

Month of _____

DATE	DESTINATION	REASON FOR TRIP	MILES	MISC.

This is to certify that I have traveled, in the interest of the Gallia-Vinton Educational Service Center, the number of miles indicated.

Total miles _____ @ **\$.67** per mile = \$ _____ Total Miscellaneous (Meals, Parking, Etc.) \$ _____

Signature _____

Superintendent's Signature _____

Total Amount Due \$ _____

Date _____

*****DUE ON LAST WORKING DAY OF THE MONTH.*****