SPRINGBORO COMMUNITY CITY SCHOOL DISTRICT

Mileage Log and Reimbursement Form

(Complete all non-shaded areas)

Employee Name		**Rate**	**$0.50**
PO Number		**For Period**	
Employee Signature		**Total Mileage**	
Supervisor Signature		**Total Reimbursement**	

Date	Destination	Purpose	Comments	Mileage	Reimbursement
			Sub Total		
			Other Misc. Expense (such as parking - receipts attached)		
			Total		