Lorain City Schools
MILEAGE RECORD

REQUISITION NUMBER:	PURCHASE ORDER NO:	VENDOR NUMBER:	DATE:

NAME_____ POSITION _____ BUILDING_____

For Period Beginning _____, 20_____ and Ending _____, 20_____.

Amount to be encumbered $_____

FUND	FUNCTION	OBJECT	SPECIAL COST CENTER	OPERATING UNIT

DATE	SITE(S) VISITED from:	to:	MILES	DESCRIPTION OF EDUCATIONAL PURPOSE

(OVER)

DATE	SITE(S) VISITED from:	to:	MILES	DESCRIPTION OF EDUCATIONAL PURPOSE

TOTAL MILES THIS PERIOD ____________________@ $ __________ PER MILE = $ _________________

______________________________ Signature of Payee

______________________________ Approved by Director / Superintendent

______________ Date