NAME:_____

BASE: _____

Email: _____
(Direct Deposit Slip will be emailed)

EMPLOYEE MILEAGE REPORT

NCKSEC INTERLOCAL 636

P.O. Box 369, Phillipsburg, KS 67661
Fax 785-543-6654
Phone 785-543-2149
Email ljohnson@ncksec.net

Date:	Itinerant Staff Traveled to:	Reason for Going:	Actual Miles Traveled:
		TOTAL REGULAR:	0

MILEAGE for Conferences, Inservices, Dept. Meetings, Workshops, Etc:

Date:	Traveled to:	Reason for Going:	Actual Miles Traveled:
Check One: ☐ Carpooled or ☐ Drove Alone		**TOTAL INSERVICE:**	0

Regular Miles	A/C Number	X .545	$ 0.00
Inservice Miles	A/C Number	X .545	$ 0.00
Total Miles		X .545	$ 0.00

Director Approval _____