

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

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

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

Date:	Traveled to:	Reason for Going:	Actual Miles Traveled:
TOTAL INSERVICE:			

Check One: Carpooled or Drove Alone

Regular Miles	A/C Number	X .535	
Inservice Miles	A/C Number	X .535	
Total Miles		X .535	

Director Approval _____