

SPRING COVE SCHOOL DISTRICT
331-AR-1 – Employee's Monthly Mileage Form
(This form must be received in the Administration Office by the 10th of each month.)

NAME _____ BUILDING _____ MONTH _____ YEAR _____

[illegible]

Miles _____ X _____ = _____ Total Expenses

Use of a personal vehicle requires that liability insurance be maintained by the employee. I certify that the above expenses were incurred by me in the performance of my work.

Signature of Employee

Principal/Supervisor

Business Manager

Superintendent

Vendor # _____

GL Code _____

[illegible]