

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

**NAME** \_\_\_\_\_ **BUILDING** \_\_\_\_\_ **MONTH** \_\_\_\_\_ **YEAR** \_\_\_\_\_

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**

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### Principal/Supervisor

## Vendor #

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**Business Manager**

## GL Code

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## Superintendent

