

**Licking County Educational Service Center
Mileage / Travel Form**

Date	Place	Purpose	Mileage	Expenses
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
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21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

All Receipts Must be Attached to this Form

Month _____
Year _____

Total Mileage: 0
Total Mileage Times \$.50 per mile: \$0.00
Total Expenses: \$0.00

Total \$ for Mileage and Expenses: \$0.00

Submitted by: _____
Signature

Approved by: _____
Signature