

**RICHARDTON-TAYLOR PSD #34
MILEAGE EXPENSE FORM**

NAME: _____

Address: _____

Date	Travel to/from	Reason for Travel	Mileage	x mileage rate of \$.575/mile	Total
				0.575	
				0.575	
				0.575	
				0.575	
				0.575	
				0.575	
				0.575	
Total				0.575	

I certify that the expenses included in this Expense Record are in accordance with the reimbursement guidelines of RT PSD #34.

Total Amount Paid: _____

Submitter's Signature: _____

Check # _____

Officer's Signature: _____

Payment Code: _____ (completed by administration only)