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KANSAS CITY KANSAS SCHOOL DISTRICT

IN DISTRICT MILEAGE REIMBURSEMENT LOG

BUDGET NUMBER:	
VENDOR NUMBER:	
PURCHASE ORDER #:	
TOTAL MILES:	0.00
TOTAL MILEAGE PAID @ .50/MILE	$0.00
EMPLOYEE'S NAME (PRINT PLEASE)	

DATE	FROM	TO	REASON	MILES

TOTAL MILES: 0.00

I certify that the above miles were driven for district purposes and are true and accurate to the best of my knowledge.

EMPLOYEE'S SIGNATURE:_____

SUPERVISOR'S SIGNATURE:_____