AC0023 Rev. 11/07

MILEAGE LOG Accounting Department Lincoln Public Schools

Employee ID No		Name		Department				
Location			Acct. Number					
	(required for payment)							
1	2	3	4		(5)	6	7	
Date	Start Location	Stop Location		Purpose of Trip	Mileage Beginning	Mileage Ending	Business Miles Column 6 minus column 5	
			<u> </u>		TOTAL BU	 JSINESS MILES		
ALL COLU	IMNS on this form m	nust be completed FOF	R EACH TRIP in o	order to receive rein	mbursement.			
		rdance with Business Ant for authorized travel.		, "Commuting and I	Mileage Reimbursemer	nt."		
Employee Signature			 Date	Authorized S	Authorized Signature Immediate Supervisor (supervisor's signature is required)			