

SUBSTITUTE TEACHERS MILEAGE LOG
Accounting Department
Lincoln Public Schools

Social Security or Employee ID Number: _____ Name: _____

Date or Range/Dates	Start Location	Stop Location	Working for Teacher Name	Beginning Odometer	Ending Odometer	Business Miles	
SPED?	FED PROG?					Total Business Miles	

Account Number: _____

Administrator Signature: _____

Date or Range/Dates	Start Location	Stop Location	Working for Teacher Name	Beginning Odometer	Ending Odometer	Business Miles	
SPED?	FED PROG?					Total Business Miles	

Account Number: _____

Administrator Signature: _____

This form is to be used in accordance with Business Affairs Bulletin #9, "Commuting and Mileage Reimbursement."

I hereby request reimbursement for authorized travel.

Employee Signature

Date

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