524219
Rev. 7/03

LINCOLN PUBLIC SCHOOLS MILEAGE LOG

Accounting Department
Lincoln Public Schools
Lincoln, Nebraska

Social Security No. _____ **Name**_____ **Department**_____

Location_____ **Account Number** 01.1310.67030. .002 (Elementary)
(**Please add your location number in the blank space.)

Date	Start Location	Stop Location	Purpose of Trip	Mileage Beginning (Include tenths)	Mileage Ending (Include tenths)	Business Miles Column 6 minus column 5 (Include tenths)

TOTAL BUSINESS MILES

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 _____ Authorized Signature Immediate Supervisor (supervisor's signature is required) _____

Revised 9/29/2004