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 a	ccordance with Business Affa	rs Bulletin #9, "Commuting	and Mileage Reimbursemen	t."				
I hereby request reimburser	ment for authorized travel.							
		Employee S	ignature		Date)		

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