

EAST JACKSON COMMUNITY SCHOOLS MILEAGE REPORT/CHECK REQUEST VOUCHER

Principal/Supervisor Approval				Date	
** I hav	ve reviewed the contents of this report, approve, a	nd authorize payment of expens	es.		
Signature of Claimant				Date	
Jackson expense proper from an	requesting the above reimbursement incurred by a Community Schools business/functions. I, hereby a listed were received in the discharge of authorized charges against the school with applicable receipt my other sources for any portion of this requested sor approve and forward to Accounts Payable at	by, certify that I have listed each ed official school business. These is attached. I, further, certify the reimbursement. Upon completion	daily and in e amounts a at I have no	ndividually item of are correct and represent of received reimburseme	
Totals: TOTAL REQUESTED:				\$	
		Total Miles: Mileage Allowance	0.655	(2023 rate)	
MILE A	AGE: Destination (From/To)	Purpose	Miles	Parking/Misc. (receipts attached)	
			,		
Building/Program		Social Security Number (on	Social Security Number (optional)		
Address -	– Number & Street or Rural Route	City, State, Zip	City. State. Zip		
Last Nan	BLE TO:	First Name, Middle Initial	rst Name, Middle Initial		
DAVAI	RI E TO.				

Superintendent Approval

Date