PAMPA INDEPENDENT SCHOOL DISTRICT
MILEAGE REPORT

DEPARTMENT:_____

ACCOUNT #:_____

DATE:	Destination	Beginning Odometer Readings		Ending Odometer Readings		Daily Miles

Monthly Total Miles @ .58 per mile

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Federal Program Signature: _____ Date: _____

1/1/2019