*Please complete each CALENDAR MONTH* *****DUE INTO THE BOARD OFFICE THE LAST DAY OF EACH MONTH.*****

**Meade County Board of Education**
**1155 Old Ekron Road, Brandenburg, Kentucky 40108**

# MILEAGE VOUCHER

**Name:** **School:** **Date:**

**Address:**

| Date Month/Day | Purpose and Destination | Mileage |
|---|---|---|
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