

WPCSD In-District Mileage Sheet

Employee Vendor Number _____

Employee Name _____

School/Department _____

| Date | Purpose | Starting Odometer | Ending Odometer | Total Mileage |
|------|---------|-------------------|--------------------|---------------|
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| | | | Total Miles | |

Account Number: _____ Total Miles _____ x \$.655 = _____

Employee
Signature _____ Date _____

Supervisor Signature _____ Date _____

Superintendent's Signature _____ Date _____