WPCSD In-District Mileage Sheet

Employee Vendor Number_____

Employee Name_____ School/Department_____

Date	Purpose	Starting Odometer	Ending Odometer	Total Mileage
			Total Miles	

Account Number: _____Total Miles_____ x $.625 =_____

Employee Signature_____Date_____

Supervisor Signature_____Date_____

Superintendent's Signature_____Date_____