Ross Local School District
Employee Mileage and Expense Report
(July, 2011)

Name of Employee _____

For the Period _____

Date	Destination	Purpose of Trip	Miles

Total Miles _____@ .55.5 cents per mile _____

Other Expenses (List and Attach Receipts) _____

Total to be reimbursed _____

_____ _____

Approved by: Employee's Signature