FRANKLIN COUNTY BOARD OF EDUCATION

MILEAGE ONLY EXPENSE STATEMENT Updated 1-3-2019

NAME:		SSN:	WORK LOCATION:		
MAILING ADDRESS:		CITY:	STATE:		ZIP:

DATE	DEPARTURE LOCATION	DESTINATION LOCATION	BEGINNING ODOMETER READING	ENDING ODOMETER READING	MILES
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I do solemnly swear, under criminal penalty of a felony for false statements subject to punishments by fine of not more than \$1,000 or by imprisonment of not less than one nor more than five years, that the above statements are true and I have incurred the described expenses and the local use mileage in the discharge of my official duties for the local school system. TOTAL MILES USED MILEAGE RATE: \$0.58

- 0.58

AMOUNT DUE TO	
EMPLOYEE:	\$-

\$

EMPLOYEE SIGNATURE:	DATE:
APPROVAL AUTHORITY:	DATE:

FUNDING SOURCE: