

**HAMBLEN COUNTY SCHOOLS
EMPLOYEE'S MONTHLY MILEAGE CLAIM FOR PERSONAL CARS**

for office use

NAME _____

ADDRESS _____

DATE _____ PHONE _____

*Use black ink

DATE	PLACE	TOTAL MILEAGE

SUBTOTAL MILES THIS PAGE _____

EMPLOYEE SIGNATURE _____ ACCOUNTING CODE _____

APPROVED, SUPERVISOR _____ APPROVED, SUPV. BUSINESS _____

JUSTIFICATION _____ APPROVED, DIRECTOR _____

TOTAL MILES ALL PAGES _____ x _____ 0.47 = **GRAND TOTAL ALL PAGES \$** _____
 (mileage rate) (place grand total as front page)

Submit to supervisor's office.
Form 85