TRI-COUNTY ESC MILEAGE REPORT

Employee Signature _____

Print Name _____

Year 2024

Amount due:

Total Miles: **0 X $.67 =** _____

(Effective January 1, 2024)

Director's Approval _____

Superintendent's Approval _____

Months *(circle)* Jan - Feb - Mar - Apr - May - Jun - Jul - Aug - Sep - Oct - Nov - Dec

(No more than three months, no partial months, monthly preferred)

Prof Dev? (yes or no)	DATE	1ST DESTINATION	2ND DESTINATION/ MILES	3RD DESTINATION/ MILES	4TH DESTINATION/ MILES	5TH DESTINATION/ MILES	6TH DESTINATION/ MILES	TOTAL CLAIMED MILES
			Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	
			Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	
			Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	
			Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	
			Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	
			Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	
			Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	
			Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	
			Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	
			Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	
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			Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	Claimed Miles	