# FRASER PUBLIC SCHOOLS
# 2022 MILEAGE FORM

| DATE | TOTAL MILES | REASON FOR TRAVEL |
|---|---|---|
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| | | |
| TOTAL MILES | | x 0.625 = $ |

Name (Printed)

Employee Signature Date

Address

Approved By: Date

City State Zip

ASN#

Revised 07/01/22

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