

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

_____ for office use

NAME _____

ADDRESS _____

DATE _____

PHONE _____

*Use black ink

DATE	PLACE VISITED	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

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