## Twinsburg City School District Mileage Statement

Prepare/complete form in duplicate. Obtain the required signatures. Keep a copy for your records. Attach a copy of the Purchase order to this form for prompt payment. Send to the Treasurer's Office.

Date	To/From	Miles	Date	To/From	Miles	Date	To/From	Miles
l certify	that the mileage ir	dicated a	 on this f	orm is a true and	accurate s	tateme	l nt of miles driven	in the
perform	nance of my duties Regulations. Rev 8/	for the T						

Service Regulations. Rev 8/2003

Employee Signature:

Date:

Principal Signature:\_\_\_\_\_\_ Date:\_\_\_\_\_