

Waynesboro Area School District

Franklin County, Waynesboro, Pa

Out Of District Mileage

Name: _____ Date: _____

The above named is granted permission to attend the: _____ at: _____

On the following dates: _____ Signed: _____

Supt.

					Date		Date		Date		Date		Date		Total	
Automobile Expense -																
per mile																
	From:		To:	Miles:												
	From:		To:	Miles:												
	From:		To:	Miles:												
	From:		To:	Miles:												
Railroad or Bus Fare																
	From:		To:													
	From:		To:													
	From:		To:													
	From:		To:													
Plane																
	From:		To:													
	From:		To:													
Room																
Meals - Breakfast																
	Lunch															
	Dinner															
Taxicabs																
Telephone																
Miscellaneous - Explain Fully																
Totals																

Account Number: _____

The above is a correct statement of my expenses for the
period covered.

Employee Signature