NAME: _____

Base: _____

Email: _____

(Used to Email Your Direct Deposit Mileage Form)

NCKSEC Mileage Report
P.O. Box 369
Phillipsburg, KS 67661
Fax 785-543-6654

Date:	Itinerant Staff Traveled to:	Reason for Going:	Actual Miles Traveled:
		TOTAL REGULAR:	

MILEAGE for Conferences, Inservices, Dept. Meetings, Workshops, Etc:

Date:	Traveled to:	Carpooling? (If yes, check)	Reason for Going:	Actual Miles Traveled:
		☐		
		☐		
		☐		
		☐		
		☐		
		Click here when finished (allows numbers to compute properly)		

Regular Miles		.50	
Inservice Miles		.50	
Total Miles		.50	

Director Approval _____

Fax to NCKSEC on the first of each month.