PERRY BOARD OF EDUCATION
4201 13TH STREET SW
MASSILLON, OHIO 44646

MILEAGE REPORT

Employee:		**Purpose:**	
Department:		**From:**	
Date:		**To:**	

Date	Destination of Trip	Number of Miles	Reason for Trip	Administrative Approval

TOTAL _____

Employee Signature _____ **Date** _____

Building Principal Signature _____ **Date** _____