Great Falls Public Schools
Great Falls, Montana

REPORT OF MILEAGE

For Month Of _____

Date of Travel	From	To	# Miles to Nearest Tenth

TOTAL MILES _____ X $ _.545_ = $_____

I certify that the above itemized statement of mileage driven is true and correct:

Employee's Name _____

Code _____ **(Please Print)**

Employee's Signature _____

Mailing Address _____

_____

DW-60 Revised 12/17

Approved by: Supervisor _____