Sikeston Public Schools
Monthly Travel Log

Month

Date	Place	Reason	Beg. Odometer	Ending Odometer	Total Miles

Total Miles _____ @ .545 per mile = $_____

Total other expenses (attach original receipts) $ _____

Total reimbursement due $ _____

Instructor/Employee_____ Program _____

Code _____

Signature _____ Date _____

Director Approval _____ Date _____

Assistant Superintendent/Superintendent Approval _____ Date _____

Revised July 2018