## **EDUCATIONAL SERVICE CENTER OF NORTHEAST OHIO**

Essex Place 6393 Oak Tree Blvd., Independence, OH 44131 FAX (216) 524-3683

## Mileage and Phone Expense Form

Name		Month		Year		
Street, City, Zip		_ Day Phone				
	he month on this sheet. If you have trips that include pages summary totals on an adding machine - REMEMBER to		e attached.			
Date	From - To - include addresses	Miles	Tolls	Parking	Other	
					+	
Summary for report:		-	\$ -	\$ -	\$ -	
Total of	miles @ .67 cents per mile		••••	\$ -		
Total of othe	er expenses incurred	-		\$ -		
			Total Tra	vel Expense	s <u></u> \$ -	
Administrator's Phone Rei	mbursement (only if in contract) - Must Include Copy of Bil	l				
Bill Coverages Dates: F	rom:	То	\$			
			Total Ph	one Expens	e \$ -	
Total Reimbursement Due  I hereby certify that the above is a true and exact copy of my expenses. I have attached the necessary documentation.					\$ -	
	are to a the direction of the expension. There attaches	·				
Signature	Date	Supervisor:			Data	