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		Yea	ar
Street, City, Zip	Day Phone			
Please list all travel for the month on this sheet. If you have tr /erify all totals including summary totals on an adding machi		e attached.		
Date From - To - include	addresses Miles	Tolls	Parking	Other
				+
	-	\$ -	\$ -	\$ -
Summary for report: Total of - miles @ .70 cents per mile.			\$ -	
·			avel Expense	s <u> </u>
Administrator's Phone Reimbursement (only if in contract) - Must I	nclude Copy of Bill			
Bill Coverages Dates: From:	То	:	\$	
		Total P	hone Expens	se \$ -
	Total Reimbursement Due			<u> </u>
hereby certify that the above is a true and exact copy of my expel				*
Signature	Supervisor:			
··· g ·······	Date Capervisor.			Date