

TRAVEL EXPENSE REPORT
EASTON AREA SCHOOL DISTRICT

Name _____ School _____

	Date	Travel - To and From	Mileage
1			
2			
3			
4			
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22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
TOTAL MILES			
TOTAL COST (mi. x .475)			\$

Approved: _____
Chief Operating Officer