HUNTINGTON UNION FREE SCHOOL DISTRICT
Purchasing Department

MILEAGE INVOICE

MONTH_____ **NAME**_____

DATE	FROM	TO	REASON	MILES

TOTAL MILEAGE: _____

RATE (As of 07/01/11): **@.55**

AMOUNT DUE: _____

Building Department Approval: _____ **DATE:** _____

NOTE: ***District Policy requires that travel from home to a conference must be adjusted by your daily commute from home to work.***