HUNTINGTON UNION FREE SCHOOL DISTRICT
Purchasing Department

MILEAGE INVOICE

MONTH_____ NAME_____

DATE	FROM	TO	REASON	MILES

TOTAL MILEAGE: _____

RATE (As of 1/09): @.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.***

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