OGLE COUNTY EDUCATIONAL COOPERATIVE

MILEAGE CLAIM FORM

Month _____ 20___ Name _____

DATE	FROM	TO	MILES	PURPOSE

TOTAL _____

Signature _____ Miles X .50 _____

Account Number _____ Director's Approval _____

NOTE: MILEAGE CLAIM FORMS SUBMITTED MORE THAN 30 DAYS AFTER THE MONTH IN WHICH MILEAGE CHARGES WERE INCURRED <u>WILL NOT BE REIMBURSED</u>.