SCHOOL DISTRICT OF BLACK RIVER FALLS
MONTHLY MILEAGE REPORT

Month _____ **Effective 1/1/19**

Date	Starting Location	Ending Location	Reason	Mileage

Employee _____ **TOTAL MILES _____**

Account Number _____ **IRS Rate is $ 0.580**

Budget Center Approval _____ **Reimbursement Amount _____**

Revised 1/11/19