

Great Falls Public Schools  
Great Falls, Montana

**REPORT OF MILEAGE**

For Month Of \_\_\_\_\_

| Date of Travel | From | To | # Miles to Nearest Tenth |
|----------------|------|----|--------------------------|
|                |      |    |                          |
|                |      |    |                          |
|                |      |    |                          |
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|                |      |    |                          |
|                |      |    |                          |
|                |      |    |                          |

TOTAL MILES \_\_\_\_\_ X \$ .580 = \$ \_\_\_\_\_

I certify that the above itemized statement of mileage driven is true and correct:

Employee's Name \_\_\_\_\_

Code \_\_\_\_\_ (Please Print)

Employee's Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

DW-60 Revised 5/19

Approved by: Supervisor \_\_\_\_\_