Career and Technology Education Centers of Licking County
MONTHLY TRAVEL REPORT

Name: _____ **Month** _____

Title: _____

Area: _____

DATE	PERSONS OR PLACES VISITED	MILEAGE

DATE	PERSONS OR PLACES VISITED	MILEAGE

Total Miles for the Month: 0.000

Signature: _____ Mileage: 0.000 at IRS Rate Per Mile 0.545 0.00

Supervisor's Signature: _____ Date: _____

Director's Signature: _____