SCHOOL DISTRICT OF BLACK RIVER FALLS
MONTHLY MILEAGE REPORT

Month _____ **Effective 01/01/17**

Date	Starting Location	Ending Location	Reason	Mileage

Employee _____

Account Number _____

Budget Center Approval _____

TOTAL MILES $ 0.00

IRS RATE $ 0.535

Reimbursement Amount $ 0.00

Revised 1/1/17