



STAFF TRAVEL RECORD

(Please retain a copy for your records)

Dates: from _____ to _____
 Name: _____ Position: _____

MO = Morgan Office / MV = Muskingum Valley ESC / NL = New Lexington Office

GUIDELINES

Mileage is to be calculated on a daily basis using your **assigned base (MO, MV, or NL) as the starting point** and including the distance for all work related stops throughout the day and ending the day with your last work related destination. Do not include the mileage from your last stop to your home **unless** it exceeds the distance from your base to your home. In such a case, subtract your commuter base - to - home distance from the last work related location and **add this difference** to your daily mileage. Travel is reimbursed at the current IRS approved rate. Give this form to the **Superintendent on or before the 5th of each month**. Report **all** mileage on this form **unless** the mileage is included on a separate approved professional leave application.

Date	Sample: Base: <u>MV</u> -Nashport-Frazeyburg-OUZ=32 (From OUZ to home is not counted.)	Miles Traveled
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	Base: ____ -	
	TOTAL:	

Staff Member signature: _____ Date: _____
 Director's signature: _____ Date: _____
 Superintendent's or Designee's signature: _____ Date: _____