

Hope-Page Public Schools

PO Box 100, Hope ND 58046
701-945-2473



PO Box 26, Page ND 58046
701-668-2520

Name: _____

Date	From	To	Purpose	One Way Miles	Total Miles	Vehicle Used

Total Miles	
Times Rate	0.625
Total Amount Due	\$ -

I certify by signing this that the mileage traveled, the date, and the purpose of travel are true and correct.
**all receipts must be attached*
Signature: _____

Administrative Signature _____