

## **Region IX Education Cooperative**

## 143 El Paso Road • Ruidoso, NM 88345 • (ph) 575-257-2368 • (fax) 575-257-2141 • email: info@regionix.org Mileage ONLY Form • Use for regular schedule work travel

Payee Name:			Program of Work or Event Title:				
Address:			PO#:				
City State Zip:			Phone#:				
Date of Travel	Description of Work Done	Location of Work or Event	ODO - Start	ODO - End	Rand McNally Map Miles	Total Miles	\$ Mileage Amount
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
						0.00	0.00
					Total	0.00	\$0.00
	**** I attest that I am not being reim	bursed for mileage to travel to work or to this event by	any other agend	у.			
Payee Signature & Date:			Adjustments if Required		\$		\$
Program Manager Signature & Date:			Total Approved Payment		\$		\$
Executive Director Signature & Date: Verified By:							rad ar paid