Region IX Education Cooperative

ervice 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: Abbie Normal **Program of Work or Event Title:** Related Services

Address: PO Box 555 **PO#:** 144444

City State Zip: Ruidoso, NM 88345 **Phone#:** 575.555.5555

Date of Travel	Description of Work Done	Location of Work or Event	ODO - Start	ODO - End	Rand McNally Map	Total Miles	$ Mileage Amount
1/7/14	Physical Therapy	Ruidoso to Capitan to Ruidoso			40	40.00	17.60
1/8/14	Physical Therapy	Ruidoso to Corona to Ruidoso			170	170.00	74.80
1/9/14	Physical Therapy	Ruidoso to Carrizozo to Ruidoso			78	78.00	34.32
1/10/14	Physical Therapy	Ruidoso to Hondo to Carrizozo to Ruidoso	98764	98865		101.00	44.44
1/11/14	Physical Therapy	Ruidoso to Capitan to Ruidoso			40	40.00	17.60
1/12/14	Physical Therapy	Ruidoso to Corona to Ruidoso			170	170.00	74.80
1/13/14	Physical Therapy	Ruidoso to Carrizozo to Ruidoso			78	78.00	34.32
1/14/14	Physical Therapy	Ruidoso to Hondo			56	56.00	24.64
						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	**733.00**	**$322.52**

****** I attest that I am not being reimbursed for mileage to travel to work or to this event by any other agency.**

Payee Signature & Date:		Adjustments if Required	$		$
Program Manager Signature & Date:		Total Approved Payment	$		$
Executive Director Signature & Date:		Verified By:			

This form is for Region IX employees that incur regularly scheduled travel and for Event Faciliation reimbursements where Per Diem is not being offered or paid.

Form adopted on: 10-19-2013