Region 9 Education Cooperative

2002 Sudderth Drive • Ruidoso, NM 88345 • (ph) 575-257-2368 • (fax) 575-257-2141

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	Google Map Miles or NMDOT Map	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
					Total	**0.00**	**$0.00**
	****** 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		$		$

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.