EASTERN PANHANDLE SSA
517 SOUTH WALL
SHAMROCK TEXAS 79079

EPSSA MONTHLY MILEAGE REPORT

NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____

DATE	DESTINATION	CONTACT PERSON	PURPOSE	*MILEAGE*

TOTAL MILES _____ @ *** _____

OF PER DIEM DAYS @ $25.00 EACH AND / OR EXPENDITURES _____

*** Mileage figured at current state rate. TOTAL $_____

_____
EPSSA DIRECTOR OF SPECIAL EDUCATION