Safe Routes to School **Travel Summary Form**

School Name(s): Ash El, Cedar El, Maple El, Pine MS

Fiduciary Name: XYZ Public Schools

(if not school) Billing Period: 9/1/23 - 9/30/23

Breakdown of Travel:							
Name of Traveler	Date of Travel	Purpose of Travel	From City, To City	Miles Traveled	Reimb. Rate per Mile (can be changed as needed)	Total Mileage	Other Travel Expenses
Jane Doe	9/2/23	pick up lunch for meeting	Smalltown, MI	5	\$ 0.655	\$ 3.28	\$-
Jane Doe	9/12/23	visited schools to train corner captains	Smalltown, MI	8	\$ 0.655	\$ 5.24	\$-
Jane Doe	9/13/23	visited schools to train corner captains	Smalltown, MI	14	\$ 0.655	\$ 9.17	\$ -
Jane Doe	9/14/23	visited schools to train corner captains	Smalltown, MI	10	\$ 0.655	\$ 6.55	
					\$ 0.655	\$-	
					\$ 0.655	\$-	
					\$ 0.655	\$ -	
					\$ 0.655	\$ -	
					\$ 0.655	\$ -	
					\$ 0.655	\$ -	
					\$ 0.655	\$ -	
					\$ 0.655	\$ -	
					\$ 0.655	\$-	
TOTAL TRAVEL						\$	24.24

Enter this amount on Non-Personnel Detail

Mark this box when form complete

Х