

# MICHIGAN FITNESS

## Safe Routes to School Travel Summary Form

**School Name(s):** ABC Elementary

**Fiduciary Name:** Foundation for Kids  
(if not school)

**Billing Period:** 1/1/25 - 3/31/25

# FOUNDATION

Mark this box when form complete

**Breakdown of Travel:**

Name of Traveler	Date of Travel	Purpose of Travel	From City, To City	Miles Traveled	Reimb. Rate per Mile <small>(can be changed as needed)</small>	Total Mileage	Other Travel Expenses
Mary Smith	2/11/25	Staples for 2/13 meeting supplies	Lansing area	10	\$ 0.670	\$ 6.70	\$ -
Mary Smith	2/10/25	Staples and Kinko's for 4/24 meeting supplies	Lansing area	16	\$ 0.670	\$ 10.72	\$ -
Mary Smith	2/27/25	Bicycle rodeo train-the-trainer	Lansing to Okemos	14	\$ 0.670	\$ 9.38	\$ -
					\$ 0.670	\$ -	
					\$ 0.670	\$ -	
					\$ 0.670	\$ -	
					\$ 0.670	\$ -	
					\$ 0.670	\$ -	
					\$ 0.670	\$ -	
					\$ 0.670	\$ -	
					\$ 0.670	\$ -	
					\$ 0.670	\$ -	
<b>TOTAL TRAVEL</b>						<b>\$</b>	<b>26.80</b>

*Enter this amount on Non-Personnel Detail*