North Central State College

2441 Kenwood Circle
Mansfield, Ohio 44906

# *Mileage Report Form 17-261b*

**For Accounting Use Only**

PO # _____

Vendor # _____

Name _____Department _____ Account # _____

| Date | From Address | To Address | Parking | Miles | Amount | Purpose/Description |
|---|---|---|---|---|---|---|
| | | | | | $0.00 | |
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| | | | | | $0.00 | |
| | | | | | $0.00 | |
| | | | | | $0.00 | |
| | | Total | $0.00 | 0 | $0.00 | |

**TOTAL REIMBURSEMENT** **$0.00**

Traveler _____ Date _____

Supervisor _____ Date _____

Division VP _____ Date _____

VP Business & Administrative Services _____ Date _____

**Current Mileage Rate/IRS**

**$0.58**

TREASURER'S CERTIFICATE: It is hereby certified that both at the time of the making of this contract or order and at the date of the execution of this certificate, the amount required to pay this contract or order has been appropriated for the purpose of this contract or order and is in the treasury or in the process of collection to the credit of the appropriated fund, free from any previous encumbrance.