

## CERTIFIED MILEAGE

I have driven the following mileage as an employee of the Medina County School District during Fiscal Year 2011.

July	_____	\$.50.5 cents per mile July 1-Jan 31
August	_____	
September	_____	
October	_____	
November	_____	
December	_____	
January	_____	
February	_____	\$.51 per mile February 1-June 30
March	_____	
April	_____	
May	_____	
June	_____	
TOTAL	_____	

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Mileage must reflect actual mileage driven by the employee in the employee's vehicle. Records should be available to verify mileage if required. Mileage certificate must be signed.