

ISD #2909

Traveling Staff Payment Request

Employee Name: _____
Travel To/From: _____
Month & Year: _____

Mileage Between Campuses:

North Star/RRHS 5.4 Miles
North Star/Laurentian 5.7 Miles
Laurentian/Parkview 6.6 Miles
NorthStar/Parkview 1 Mile
RRHS/Parkview 6.3 Miles
RRHS/Laurentian .25 Miles

Date	Stipend	Mileage/trip	Date	Stipend	Mileage/trip
1	_____	_____	16	_____	_____
2	_____	_____	17	_____	_____
3	_____	_____	18	_____	_____
4	_____	_____	19	_____	_____
5	_____	_____	20	_____	_____
6	_____	_____	21	_____	_____
7	_____	_____	22	_____	_____
8	_____	_____	23	_____	_____
9	_____	_____	24	_____	_____
10	_____	_____	25	_____	_____
11	_____	_____	26	_____	_____
12	_____	_____	27	_____	_____
13	_____	_____	28	_____	_____
14	_____	_____	29	_____	_____
15	_____	_____	30	_____	_____
			31	_____	_____

Employee Signature: _____ Date: _____

Employees do not write below this line

Supervisor Signature: _____ Date: _____

Stipend Total Amount: _____

Mileage Total Amount: _____

Code: _____

9/1/26