MILEAGE & EXPENSE CLAIM

MILL VALLEY SCHOOL DISTRICT

Name _____ For the Month of: _____

Mail Check to: Site _____
OR
Address _____City _____ Zip_____

Date	Mileage	Other Amount	Explanation	Destination - Purpose
		-		
		-		
		-		
		-		
		-		
		-		
		-		
		-		
		-		
		-		
		-		
Total Miles		-		
X $$ Rate	$ 0.55	-		
Totals				

This is to certify that the above designated expenses represent actual and necessary expenses incurred while on official District business.

Signature _____ Date _____

For District Use Only: Vendor # _____

Total $ _____ Account Code: _____ Approved by: _____