MILEAGE & EXPENSE CLAIM

MILL VALLEY SCHOOL DISTRICT

Name Mail Check to: Site OR Address			For the Month of:		
					Zip
Date	Mileage	Other Amount	Explanation	Destination -	Purpose
		-			
		-			
		-			
		-			
		-			
		-			
		-			
		-			
		-			
		-			
		-			
Total Miles					
X \$\$ Rate	\$ 0.555	_			
Fotals	Ψ 0.555				
This is to cert official Distri		ve designated expenses re	epresent actual and nec	essary expenses incurred	l while on
Signature			Date		
For District Use Only:			Vendor #		
Гotal \$	Accoun	nt Code:		Approved b	y: