

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				
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: _____	