Sequim School District # 323

Staff Mileage Report and Reimbursement Request

Name: ______________________ ______________________

Last name First name

Address: ______________________________________

Current Mailing Address

Travel Date	Departed from	Traveled To	Purpose of Travel	Miles

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expense incurred by me and that no payment from any entity has been received or requested by me on account thereof.

Total Mileage Claimed 0.00

Current Mileage Rate $ 0.70

Total Reimbursement Due **$** 0 **-**

Claimant Signature Date **Account Code**

Administrator/Supervisor Approval Date