

LONGVIEW SCHOOL DISTRICT NO. 122

IN-DISTRICT MILEAGE REPORT/REIMBURSEMENT AUTHORIZATION

Reset Form

Print Form

Employee Name Work Site:

Address Month

City State Zip Year

Budget Code Budget Code

Location of trips made for School District business			
Date	From (Building):	To (Building or Vicinity):	# Miles

TOTAL MONTHLY MILES INCURRED

Effective Jan. 1, 2016, the reimbursable mileage rate is 54 cents per mile.

TOTAL REIMBURSEMENT

I hereby certify, under penalty of perjury, that this is a true and correct claim for materials furnished, necessary expenses incurred, services rendered, or the labor performed as described herein, and that the claim is a just, due and unpaid, obligation against Longview School District No. 122, and that no payment has been received by me on account thereof.

Employee Signature: Print Name: Date:

Supervisor Signature: Print Name: Date:

Program Signature: Print Name: Date: