

LAPWAI SCHOOL DISTRICT #341 CLAIM FOR MILEAGE REIMBURSEMENT

Date

Signature of Superintendent

DATE	TO	FROM	PURPOSE	TOTAL MILES

TIME PERIOD

TOTAL MILES

FROM: _____ TO: _____ TOTAL COST _____ X .____ = \$ _____

Signature of Claimant

Date

Address

City, State, Zip