## **LONGVIEW SCHOOL DISTRICT NO. 122** MONTHLY MILEAGE LOG/REIMBURSEMENT AUTHORIZATION

Employee Name		Work Site:			
Address		Month			
City	State Z	Zip Year			
Budget Code		Budget Code			
Location of trips made for School District business					
Date	From (Building):	To (Building or Vicinity):	# Miles		
	<u> </u>				
		TOTAL MONTHLY MILES INCURRED			
Effective Jan. 1, 2013, the i	reimbursable mileage rate is 56				
cents per mile.		TOTAL REIMBURSEMENT			

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:		
Supervisor Signature:		
Program Signature:		