TACOMA SCHOOL DISTRICT NO. 10 Private Local Mileage Claim

ΤΑΟΌΜΑ						
ΡU	BLIC SCHOOLS EVERY STUDENT. EVERY DAY.					

Employee I.D. #

Home Mailing Address

Year _____

Month _____

City, State, Zip

Name

Date	From	То	Purpose of Travel	Odometer Miles	Chart Miles

VO#

* For Finance use only*

Payment pos	**Payment positively cannot be made without an Employee & BRC Authorizing Signature				Total Miles			
	under penalty of perjury that th d by me and that no payment ha		-		Mileage Rate = \$0.565 per mile	•••••		
					Additional Costs (Parking, Ferry,	Tolls)**		
Employee Signatur	e	Title Date		TOTAL FOR THIS PAGE				
Certification I, the undersigned, do hereby certify under penalty of					**Original receipt(s) MUST be attached to claim in order to receive reimbursement for additional costs**			
perjury that the c obligation against Ta	laim is a just, due, and unpaid acoma School District No. 10 and rized to certify to said claim.	TOTAL REIM	BURSEMENT:		*Total Amount of <u>ALL</u> pages for	multiples*		
		Company	, Accounting		Activity			
		company	Example: 97000.13.5	01011	For Technology &	t CAP use only		
BRC A	uthority Officer			5810			8810	
		PAYMENT CANNOT BE MADE WITHOUT ACCOUNTING INFORMATION FILLED IN ABOVE						
					Accounting Approval	Date of P	ayment	
BRC A	uthority Officer							
					Revised	8/12/2013		