

# MONTHLY MILEAGE AND EXPENSE REPORT

Made by \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of Social Security No. \_\_\_\_\_ For Month of \_\_\_\_\_

Job Title \_\_\_\_\_ Work Site \_\_\_\_\_

Date	Description: From to Purpose	Mileage	Other Expenses*	Amount	Expense Advance

\*Meals, Bridge Toll, Parking, etc.      Total Mileage \_\_\_\_\_      Total Other \$ \_\_\_\_\_

SACS#: \_\_\_\_\_      55¢ \_\_\_\_\_      Total for Mileage \$ \_\_\_\_\_

Control _____	<b>Certificated</b>	<input type="checkbox"/>	
Line # _____	<b>Classified</b>	<input type="checkbox"/>	
V # _____	<b>Management</b>	<input type="checkbox"/>	<b>Total Expense Claim \$ _____</b>

I hereby certify that the above is a correct and true statement of the actual and necessary expenses incurred by me in the performance of official duties. I further certify that I carry personal vehicle property loss and damage and personal liability insurance for any vehicle mileage expense claimed.

Examined and approved:

Date: \_\_\_\_\_ (Claimant Signature) \_\_\_\_\_ (Supervisor Signature)