TAHOMA SCHOOL DISTRICT NO. 409

DISTRICT MILEAGE CLAIM FOR EXPENSE FORM

Document Number	

DIGITAGE MILEAGE GEARM FOR EXPENSE FORM				Document Number			
Employee Nam	e	Scho	ol Building/Dept.			1	
			Year			P or C	
All mileage incurred school district locati reimbursable. Reimbursement for Reimbursement will	d should reflect the cosions. Travel outside of m must be submitted ville made on the 15th c	ts for the entire month. En Tahoma School District lo vithin 45 calendar days fol f the month following rece	nployee must use the Tahoma School District Mications must have a google map attached. Travelowing the month expenses were incurred. eipt in Accounts Payable. Reimbursement will be ned and may delay processing*	leage Chart for to	me is no	ot	
DATE	FROM	ТО	REASON		RETURN TRIP?	TOTAL MILES	
						IVIILES	
	_				1		
TOTAL MILES:	@	/ Mile	TOTAL REIN	IBURSEMENT:			
CERTIFICATION			ACCOUNT CODE		Al	MOUNT	
I hereby certify und	er penalty of perjury th	at this is a true and					
correct claim for ne	cessary expenses incurreceived on account the	irred by me and that no					
payment has been	received on account ti	ereor.		TOTA	AL		
Claimant Signature DATE			INTERNAL				
ADDDOVAL			- -				
APPROVAL			Bookkeeper	,	AP Batcl	h Number	
Director/Administrator Signature DATE			NOTES:				
Auditing Officer Sig	ınature	DATE	.				