

Anacortes School District # 103
Staff Mileage Report and Reimbursement Request

For use when traveling on behalf of the district and the only expense is mileage.

Name: _____
Last name First name

Address: _____
Current Mailing Address

Travel Date	Departed from	Traveled To	Purpose of Travel	Miles

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expense incurred by me and that no payment has been received by me on account thereof.

Total Mileage Claimed

Current Mileage Rate

Total Reimbursement Due

Claimant Signature Date

Administrator/Supervisor Approval Date Account Code