

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: _____

Address: _____

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