Vallivue School District #139
Monthly Mileage/Travel Claim Form

(Prior Authorization Required)

No claim will be approved unless signed by the original claimant and the person authorizing the claim. Claims submitted by the first of the month will be paid by the 25th.

DATE	FROM	T 0	MILES	DATE	FROM	TO	MILES

Total miles: _____ Rate per mile: $ _____ Total Mileage $_____

Parking fees (receipt required for reimbursement; attach to claim forin) $_____

Total Claim: $ _____

Purpose of Travel: _____

_____

The undersigned verifies that the mileage and expenses stated above is correct and has been furnished in the course of doing approved business for Vallivue School District #139.

PRINTED NAME: _____ SIGNATURE:_____

ADDRESS:_____ DATE:_____

EXPENDITURE APPROVAL

Principal/Supervisor: _____ Date:_____

Superintendent/Clerk: _____ Date:_____

Account #_____ Fund Name:_____