



MILEAGE EXPENSE CLAIM FORM
for Personal Vehicle

2017

Name
Address
City State Zip

School / Site Month/Year
Account # / Budget Code

Page 1 of
TOTAL OF ALL PAGES SHOULD BE INCLUDED ON PAGE 1

Table with 5 columns: DATE, DEPARTED FROM, DESTINATION, RETURNED TO, MILES TRAVELED. Multiple empty rows for data entry.

I hereby certify that the above mileage was incurred while on official business of the National School District and no miles normally driven to and from work have been claimed. (Board Policy No. 4133).

TOTAL MILES
x mileage rate 0.535

Submitted by:
Approved by: Principal / Director

TOTAL CLAIM \$