NATIONAL SCHOOL DISTRICT

Name: _____ Acct: # _____

Address: _____

_____

_____

School Month/Year

EXPENSE CLAIM FOR MILEAGE
Of Personal Vehicle
2010

DATE	DEPARTED FROM	DESTINATION	RETURNED TO	MILES TRAVELED

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: 0

X

0.50

=

TOTAL CLAIM 0

Submitted by: _____

Approved by: _____
Principal/Director

TOTAL OF ALL PAGES SHOULD BE INCLUDED ON PAGE 1