Print Form

Reset Form

MONTHLY MILEAGE AND EXPENSE REPORT

Made by _____ Date _____

Last 4 digits of Social Security No. _____ For Month of _____

Job Title _____ Work Site _____

Date	Description: From to Purpose	Mileage	Other Expenses*	Amount	Expense Advance

*Meals, Bridge Toll, Parking, etc. Total Mileage _____ Total Other $_____

SACS#: 51¢ 0 Total for Mileage $ 0

_____

Control _____ **Certificated** ☐

Line # _____ **Classified** ☐

V # _____ **Management** ☐ **Total Expense Claim** $ _____

I hereby certify that the above is a correct and true statement of the actual and necessary expenses incurred by me in the performance of official duties. I further certify that I carry personal vehicle property loss and damage and personal liability insurance for any vehicle mileage expense claimed.

Examined and approved:

Date: _____ _____ _____

(Claimant Signature) (Supervisor Signature)

Updated January 4, 2010