WENATCHEE SCHOOL DISTRICT #246

IN-DISTRICT MILEAGE REIMBURSEMENT FORM

Please submit completed form to the Business Office on a monthly basis.
List each day traveled and detail starting point, destination and purpose of travel.
Each page must be signed by employee and supervisor.

Please print legibly

Name: _____ Account Code: _____

Position: _____

School: _____ Supervisor's Signature: _____

Date	Starting Point	Destination	Purpose	Mileage

Total Number of Miles = _____

X .550 per mile = _____

CERTIFICATION: I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Signed: _____

Address: _____