MONTHLY MILEAGE AND EXPENSE REPORT

Made by			Date				
Last 4 digits of Social Security No.			For Month o	For Month of			
Job Title Work Site							
Date	Description:	From to Purpose	Mileage	Other Expenses*	Amount	Expense Advance	
*Meals, Bridge Toll, Parking, etc. Tota		Total Mileage	Total Other \$				
SACS#:		55¢		Total for Mileage \$			
- 							
Control _		Certificated					
Line #		Classified					
V# _		Management	Total	Expense Clain	n \$		
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 Sigr	(Claimant Signature)		(Supervisor Signature)		