

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#: 55¢ _____ Total for Mileage \$ _____

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 October 28, 2009