

WILLIAMS UNIFIED SCHOOL DISTRICT
P.O BOX 7
WILLIAMS, CA 95987

MILEAGE AND/OR REIMBURSEMENT CLAIM

PLEASE CHECK

FULL NAME

___ A. Mileage

ADDRESS

___ B. Reimbursement

MANAGEMENT APPROVAL

DATE

BUDGET CODE:

NOTE: **Original receipts** are required for all items claimed other than mileage.

Date	Miles traveled	Purpose (From & To)	Total
Total Miles		@ the approved IRS Mileage Reimbursement Rate	

I hereby certify that the miles traveled and amount claimed for meals and other expenses are actual that they were expended in the performance of official business and that no prior claim has been made.

SIGNATURE OF CLAIMANT

DATE