Independent School District No. 1

Lewiston, Idaho

Mileage Reimbursement Claim

Name: ______________________ **Budget Code:** ______________________

Address ______________________

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Date	RT?	From	To	Purpose	Miles

Total Miles	0 0.
Rate Per Mile	.58
Total Mileage Reimbursement $	0

I certify that the above mileage figures are accurate and that this travel was required for official school district business.

Claimed by: ______________________

Signature Date

Approved: ______________________

Supervisor/Principal Date

____

Director of Business Services Date

Total Reimbursement $ ________