Independent School District No. 1

Lewiston, Idaho

Mileage Reimbursement Claim

Name: **Budget Code:**

Address

Date	RT?	From	To	Purpose	Miles

Total Miles	0 0.
Rate Per Mile	.56
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 $