

# Evergreen School District

## Report of Mileage

Submit Quarterly - Claims must be \$25.00 or above.

Name:  Location:   
 From:  To:

DATE	DESTINATION	DESCRIPTION	MILES

I certify that the above is a true report. Total Miles:   
 Claimant's Signature: \_\_\_\_\_ Rate:   
 Approved By: \_\_\_\_\_ Amount Due:   
 Categorical Approval: \_\_\_\_\_  
 Business Office Approval: \_\_\_\_\_

Account      -      -      -      -00 -      -      -      -  
                  FND RESC Y      OBJT SO      GOAL      FUNC      SCH