ORONDO SCHOOL DISTRICT No. 13

100 Orondo School Rd ORONDO, WA 98843 (509) 784-1333 FAX (509)784-0633

MILEAGE REPORT AND MISCELLANEOUS EXPENSE

If you are requesting meal reimbursement or travel was overnight, please fill out a Travel / Conference Reimbursement Request.

Date: _____/_____/_____

I, _____ hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me, and that no payment has been received by me on account thereof.

DATE	DESTINATION	PURPOSE	MILES

1. TOTAL MILES _____

Miles_____ **X .560 =** $ _____

2. Other _____ $ _____

(Attach receipts)

3. TOTAL REIMBURSEMENT $ _____

2022