

Reed Union School District

277-A Karen Way
Tiburon, CA 94920

2025 Educational Mileage and Expense Claim

Employee Name	School/Department or Mailing Address	Claim for month of

Date	Destination/Type of Educational Expense (<i>supplies, parking, tolls, registration, airfare, etc</i>)*	Expense	Miles

*Original, Itemized receipts are required for all expenses other than mileage.

*Please provide proof of mileage (Googlemaps, etc.) for claims beyond 25 miles.

*For meals, list name(s) of persons other than the Claimant.

I hereby certify that the above claimed expenses are true, correct, and were on official school business.

Total Mileage

\$0.70 Per Mile

Total Expense

Total Claim

Signature: _____

Employee

Date

Approved: _____

Principal or Supervisor

Date

Business Office Approval

Date

Account Number: _____

Account Number: _____

Account Number: _____