Lynden School District # 504

Staff Mileage Report and Reimbursement Request

For use when traveling on behalf of the district and the only expense is mileage.

Name: _____ _____

Last name First name

Address: _____

Current Mailing Address

Travel Date	Departed from	Traveled To	Purpose of Travel	Miles

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

Total Mileage Claimed	0.00
Current Mileage Rate	0.535
Total Reimbursement Due	$ 0.00

_____ _____

Claimant Signature Date

_____ _____ _____

Administrator/Supervisor Approval Date **Account Code**