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

D-71

Revised 6/03

White & Yellow to the Business Office, Pink to the Site