

## CLAIM FOR EXPENSE FORM

**MILEAGE CLAIM**      *(Rates effective 01/01/2016)*

DATE	_____	_____		
# MILES	_____	_____	\$0.54	-
DATE	_____	_____		
# MILES	_____	_____	\$0.54	-
DATE	_____	_____		
# MILES	_____	_____	\$0.54	-

TOTAL CLAIM -

**REIMBURSEMENT FOR PURCHASE**

*(Original receipts must be signed and taped to an 8-1/2 x 11 sheet or the reverse of this form.)*

DATE	_____	PURPOSE	_____	AMOUNT	_____
DATE	_____	PURPOSE	_____	AMOUNT	_____
DATE	_____	PURPOSE	_____	AMOUNT	_____

TOTAL CLAIM -

**TOTAL EXPENSE CLAIM** -

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.

Employee Name *(please print)* \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*If ASB expense, 3 student ASB officers and ASB advisor must sign:*

ASB Student Officer's Signature	ASB Advisor's Signature
ASB Student Officer's Signature	Date
ASB Student Officer's Signature	

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_