



## VASHON ISLAND SCHOOL DISTRICT #402

### Job Mileage Claim Form

PLEASE DO NOT INPUT THE IRS MILEAGE RATE. THIS RATE WILL BE INPUT BY CENTRAL OFFICE STAFF. THE TOTAL REIMBURSEMENT WILL ALSO BE CALCULATED BY CENTRAL OFFICE STAFF

Name: \_\_\_\_\_

DATE	PURPOSE/DESCRIPTION	FROM	TO	MILEAGE
TOTAL MILEAGE				
CURRENT IRS MILEAGE RATE (Input by Central Office Staff)				
TOTAL REIMBURSEMENT (Calculated by Central Office Staff)				

CODING: \_\_\_\_\_

(XXXX-XX-8020-XXX-XXXX-XXXX)

I agree to submit a record of expenses within fifteen (15) days following the end of the activity/expense or prior to the last day of school.

***"I hereby certify under penalty or 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval by Principal or Supervisor

\_\_\_\_\_  
Date