SNOQUALMIE VALLEY SCHOOL DISTRICT No. 410
TRAVEL EXPENSE CLAIM FORM

EMPLOYEE NAME_____ **CLAIM PERIOD**_____

DATE	DESTINATION/PURPOSE	MILES	ACCOUNT CODE
	TOTAL MILES		

RECEIPTS MUST BE ATTACHED FOR ALL CLAIMED EXPENSES, EXCLUDING MEALS (PERDIEM)

DATE	TYPE OF EXPENSE/PURPOSE	AMOUNT	ACCOUNT CODE
	TOTAL EXPENSES		

TOTAL MILES:_____ **@ $. 555 per mile = $**_____

TOTAL EXPENSES: **$**_____

TOTAL REIMBURSEMENT: $_____

CERTIFICATION: I hereby certify that this is a true and correct claim for necessary expenses incurred during the conduct of official school business.

EMPLOYEE SIGNATURE_____ **DATE**_____

SUPERVISOR APPROVAL_____

ACCOUNT CODE_____

BUSINESS OFFICE APPROVAL_____