WM. S. HART UNION HIGH SCHOOL DISTRICT MILEAGE EXPENSE CLAIM FORM



NAME	DATE			
MONTH(S)	WORKSITE/DEPARTMENT			

This form shall be submitted within 60 days following the date the expense was incurred. Expenses incurred during the last quarter of the fiscal year shall be submitted no later than 10 working days after June 30th.

DATE	FROM	ТО	MILES	PURPOSE	
duties as ass	nileage listed was neces igned and that I current omobile liability, bodily i verage required by Cali	ly have the njury, and property	Total Mile	s x	= \$
MPLOYEE SIGNATURE DATE		PRINCIPAL/DIRECTOR DATE			
ISCAL USE O	NLY:				
			NTING CODE		
FUND	RESOURCE/PY	GOAL	FUNCTION	OBJECT	LOCATION
ccounting: Accounts Payable:		nitial/date)	ial/date) Director of Fiscal Services/Date		