

NAME: _____ **SS#:** xxx-xx- _____
ADDRESS: _____

PERSONAL EXPENSE REIMBURSEMENT CLAIM

(Attach ORIGINAL receipts)

DATE	ITEMIZED EXPENDITURES	AMOUNT
TOTAL ITEMIZED EXPENDITURES:		\$ -

MILEAGE REIMBURSEMENT CLAIM

(Attach map printout for mileage verification)

DATE	DESTINATION / PURPOSE	MILES
TOTAL MILES:		0
<u>0</u> miles at <u>\$0.67</u> per mile <small>2024</small>		\$ -

TOTAL OF PERSONAL EXPENSE AND MILEAGE CLAIM: \$ -

Certified to be a true and correct statement of expenses incurred on behalf of Woodville Union School District

SIGNED: _____ DATE: _____

APPROVED BY SUPERVISOR: _____

APPROVED BY BUSINESS SERVICES: _____

CHARGE TO: Account Number	Amount
Total	
	\$ -

Vendor Number