

**SAUSALITO MARIN CITY SCHOOL DISTRICT  
MILEAGE AND TRAVEL EXPENSE FORM**

Mileage claims must be submitted monthly to Business Office

NAME \_\_\_\_\_

MONTH \_\_\_\_\_

DATE	MILEAGE	Tolls, other	LOCATION, PURPOSE OF MEETING

\_\_\_\_\_                      \_\_\_\_\_  
TOTAL MILES                  TOTAL EXPENSES (\$)

# OF MILES X \$ 0.535 = \$ \_\_\_\_\_

This is to certify that the above designated expenses represent actual and necessary expenses incurred while on official district business

Your Signature: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_

**FOR BUSINESS OFFICE USE**

Business Office Approval: \_\_\_\_\_

Account: \_\_\_\_\_