HILLSBOROUGH CITY SCHOOL DISTRICT

MILEAGE AND EXPENSE CLAIM

EMPLOYEE:_____ POSITION:_____

FOR MONTH OF:_____ THRU:_____ SITE:_____

DATE	DESCRIPTION	REASON	MILES	PROGRAM	AMOUNT
		TOTAL MILES			
				TOTAL OTHER	
				TOTAL MILEAGE	
				TOTAL CLAIM	

IF CONFERENCE PLEASE NOTE:

NAME OF CONFERENCE:_____

CITY AND STATE:_____

EXACT DATES:_____

I hereby certify that the above is a correct and true statement of the actual and necessary expenses incurred by me in the performance of official duties.

EMPLOYEE:_____ **DATE:_____**

Mileage reimbursement rate is $0.545 per mile, effective for travel after January 1, 2018. Include map to verify distance.

ORIGINAL, DETAILED receipts for all other expenses, in accordance with HCSD's Travel and Reimbursement Guidelines for Conferences (Rev. 2/2018), should be attached to a separate piece of paper.

OFFICE USE ONLY:

ACCOUNT NUMBER TO CHARGE	PERCENTAGE	AMOUNT PAID

DATE PAID:_____ WARRANT #:_____ AMOUNT:_____