

MILEAGE INVOICE

DATE _____

NAME	_____	LOCATION & DEPARTMENT	_____
TITLE	_____	ADM. OR SITE APPROVAL	_____
BUDGET CHARGE	_____	ASST. SUPT./BUS SVCS.	_____

***** PLEASE LIST EXACT ADDRESS IF OUT OF DISTRICT LOCATION *****

[illegible]

I hereby certify that the above claim covers travel for official school business and school owned vehicles were not available.

Signature