

**Tamalpais Union High School District
Employee Expense/Mileage Claim Form**

Date:

Vendor #:

Employee Name:

Position:

PLEASE ATTACH ORIGINAL RECEIPTS

Date	Line #	Description - List Items to be Reimbursed (List Account Number at Bottom of Claim Form)		Amount
			Sub Total	

Date	Line #	Mileage - List Destination/Description (List Account Number at Bottom of Claim Form)	Miles	Rate <small>As of 1/1/2019</small>	Total
				.580	
				.580	
				.580	
				.580	
			Sub Total		

Must Agree to Claim Total Below →	Claim Total	
--	--------------------	--

Account Distribution - List Account Number(s)	Amount
1	
2	
3	
4	
Must Agree to Claim Total Above →	Claim Total

CERTIFICATION: (Sign Below)
 I hereby certify that as an employee of the Tamalpais Union High School District, the items and amounts claimed above have been spent by me while performing services directed and authorized by the Board of Trustees.

Employee Signature	Department Chair Signature	Administrator Signature	District Office Authorization
--------------------	----------------------------	-------------------------	-------------------------------