FERNDALE SCHOOL DISTRICT NO. 502 Mileage Report Form

COMPLETE IN INK

Name:				
	(please print)			
Date	From	То	Purpose	Number of Miles
	under penalty of		Tabal Milaasa Claissad	
this is a true and correct claim for necessary expenses incurred by me and that no payment		Total Mileage Claimed: x \$.360 =	<u> </u>	
has been receiv	red by me on acc	ount thereof.		
Claimant's Signature D		Date		
<u> </u>				
Program Director		Date		Business Manager
				 Date
Building Administrator Date		Date		Date
Account Code				Revised: 1/01/03