

Bolin-Stinson Union School District  
Employee Expense Reimbursement / Mileage

Employee Name (Please Print) \_\_\_\_\_

Date	Purpose of Trip	# of Miles	Expenses	Amount
<b>Total Expenses (Attach original receipts)</b>				0
<b>Total Miles x \$ 0. _____ per mile</b>				\$
<b>Total Claim</b>				\$

I Herby certify that the mileage and expenses as set forth above are true and correct,  
incurred in the course of official business

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Fund	Resource	PY	Object	Sub Object	Goal	Function	Site	ACT	GRP	Amount
Budget Classification										Amount

Approved: \_\_\_\_\_ Date: \_\_\_\_\_