MONTHLY MILEAGE AND TRAVEL EXPENSE CLAIM

Name	En	nployee ID #		Date	
Address _					
Job Title _	Site	P	hone #		
SACS #			\$	or %	
SACS #			\$	or %	
DATE	DESCRIPTION (FROM-TO, PURPOSE)	MILEAGE			OTHER AMOUNT
	TOTAL MILES MILEAGE RATE (eff. 7/1/2022) TOTAL MILEAGE EXPENSE		TOTAL OTHE	R EXPENSE	
ALL ENTRI	ES WILL AUTO-CALCULATE	TOTAL MIL	EAGE & TRAVEL	. EXPENSE	
performanc	tify that the above is a correct and true statement of the e of official duties. I further certify that I carry personal vor any vehicle mileage expense claimed.				
Examined a	nd approved:				
	Claimant Signature	Date			
	Supervisor Signature	Da	te		