

ALMIRA SCHOOL DISTRICT #17
ALMIRA, WASHINGTON
CLAIM FOR EXPENSES

For traveling and incidental expenses incurred during the month of _____
 20___, as shown in detail on the reverse side.

- * Meals \$ _____
- * Meals subject to payroll taxes \$ _____
- * Lodging \$ _____

Mileage (\$.58 per mile or .28 per mile
 when personal vehicle is used instead of
 available school vehicle.) \$ _____

	<u>Other Expenses</u>	
Item		Amount
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
	Tax	\$ _____
	Total	\$ _____

*Must be supported by receipts

CERTIFICATION

I, _____, holding the position of _____ do
 hereby certify under penalty of perjury that this is a true and correct claim for
 necessary expenses incurred by me and that no payment has been received by me
 on account thereof.

Employee's Signature _____

Building Administrator's Signature _____

