SAUSALITO MARIN CITY SCHOOL DISTRICT
MILEAGE AND EXPENSE FORM

INSTRUCTION:
1. Mileage claims must be submitted monthly to Business Office
2. Report each day to the nearest length of a mile
3. Reimbursement: 58 cents per mile as of 1/1/2019

NAME _____ MONTH OF_____

DATE	MILEAGE	OTHER EXPENSE	LOCATION, PURPOSE OF MEETING

FOR DISTRICT OFFICE USE ONLY

TOTALS _____

TOTAL $ _____

This is to certify that the above designated expenses represent actual and necessary expenses incurred while on official district business

Signed _____ Approved by: _____