

Monthly Travel Expense Claim

Form C-2
Revised 6/19/01
ISD #318

Vendor No. _____

Pay To:
Name &
Address

Do not Write in this Space	
Expense Code	Amount
Coded By: _____	Audited By: _____

Date Mo/Day/Year	From	To	Purpose	Miles	Other Exp.

I hereby declare under penalties of law that this claim is just and correct and that no part of it has been paid prior.

Signature of Employee

Date

Total Miles			
Rate per Mile			.575
Total Mileage Expense			
Total Other Expenses			
Total Reimbursement Claimed			

Signature of Principal/Athletic Director/Other

Date

Signature of District Administrator

Date