

Snake River School District #52

FINANCIAL MANAGEMENT

7430F2

**103 SOUTH 900 WEST
BLACKFOOT, IDAHO 83221**

Mileage Claim Form

Name: _____ Month: _____

DATE	FROM	TO	PURPOSE OF TRIP	MILES

TOTAL: _____

TOTAL MILEAGE: _____ @\$.56 MILE = \$ _____

SIGNED _____ DATE _____
(Employee)

APPROVED _____ DATE _____
(Administrator/Supervisor)

ACCOUNT TO BE CHARGED: _____

APPROVED _____ DATE _____
(Superintendent)