## **Evergreen School District Report of Mileage**

Submit Quarterly - Claims must be \$25.00 or above.

Name:		Location:		
From:		To:		
DATE .	DESTINATION		DESCRIPTION	MILES
			and a contract of the contract	
	- The Print Address - 11.			
			· · ·	
			A	
I certify tha	at the above is a true report.	,	Total Miles:	
Claimant's	Signature:		Rate:	
Approved I	Зу:		Amount Due:	
Categorical	Approval:			
Business Office Approval:				
Account				
FND RESC Y OBJT SO GOAL FUNC SCH  D-71  Revised 6/03 White & Yellow to the Business Office, Pink to the Site				