KENAI PENINSULA BOROUGH SCHOOL DISTRICT

E 3360 (b)

STATEMENT OF MILEAGE EXPENSES

Board Members and District Employees

Name

Employee E#

Address

Month

Date	From	To	Purpose	Actual Miles	Meal Expenses
SUB TOTALS: Total Miles		0	@ .625 per mile / Total Meals	$ -	$ -
			TOTAL REIMBURSEMENT REQUESTED		$ -

I hereby certify that the above is a true statement of expenses incurred by me in connection with the activity noted and accordingly make claim for reimbursement.

Date

Signature

Account Number

Administrator Approval

Must be Submitted Monthly