**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 |
|---|---|---|---|---|---|
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| **SUB TOTALS: Total Miles** | | 0 | @ .67 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**

rev 01/02/2024 - gk