

**WEST BONNER COUNTY SCHOOL DISTRICT #83  
MILEAGE RECORD AND TRAVEL EXPENSE**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

DATE	DESTINATION & RETURN	PURPOSE OF TRAVEL	MILES	RATE @ .575/ MILE*
		<b>Total</b>		

**I certify this to be true and accurate**

\_\_\_\_\_  
**Signature of Employee**

**Send Check To** \_\_\_\_\_

\_\_\_\_\_  
**Signature – Approved For Payment**

\_\_\_\_\_  
**Fund to be Charged**