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

NAME: _____ DATE: _____

DATE	DESTINATION & RETURN	PURPOSE OF TRAVEL	MILES	RATE @ .54/ MILE
		Total		

I certify this to be true and accurate

_____ **Send Check To_____**

Signature of Employee

_____ **_____**

Signature – Approved For Payment **Fund to be Charged**