School District 145-Waverly
PO Box 426
Waverly, Nebraska 68462

CLAIM FOR MILEAGE REIMBURSEMENT

Date _____

Name _____

Address _____

City, State, Zip _____

_____

Account # _____

Comments_____

_____

_____

_____

_____

Balance Due: $0.00

Date of Travel	Purpose	From	To	Mileage

Total Miles 0.00

Amount Claimed at 35¢ $0.00

I hereby certify that the above expenses were actually incurred by me in the performance of my duties to School District 145, and I declare and affirm under the penalties of perjury that this claim has been examined by me, and the best of my knowledge and belief, is in all things true and correct.

_____ _____

Signature of Claimant Date Title Date

_____ _____

Principal Date Business Manager Date