

NAME _____

MONTH _____

TITLE _____

DEPARTMENT _____

[illegible]

TOTAL MILES_____ @ 67 cents per mile(Effective 1-1-2024)

Mileage Expense _____

Other Expenses _____

TOTAL EXPENSE _____

I certify that all expenses claimed are correct and were incurred in the performance of regularly assigned duties.

Signature of Employee

Approved by

Superintendent

Signature of Supervisor

Budget Code (Office Use Only)

Payment approved

Business Manager Form B-36 A
Revised 1-1-2010