

KLAMATH-TRINITY JOINT UNIFIED SCHOOL DISTRICT

In County Mileage

Vendor # _____

Claimant _____

Account #

Address _____

City, State _____

Date	From	To	Purpose	# of Miles

INCLUDE ALL JUSTIFICATION FOR TRAVEL

(e.g. workshop agendas, flyer, minutes, emails)

Total Miles _____

@ .535 per mile = _____

Claimant _____

Date _____

Site Admin. _____

Date _____

Business Mgr. _____

Date _____

A claim for reimbursement must be submitted to Accounts Payable by the 15th of the subsequent month.

As of 01/01/2016 no prior version of this form will be accepted for payment