

**VALLEY FALLS - U.S.D. #338
MILEAGE/EXPENSE REQUEST FORM**

NAME MONTH

DATE	FROM	TO	REASON FOR TRIP	MILES
TOTAL MILES				0

OTHER EXPENSES

DATE	OCCASION	TYPE OF EXPENSE	AMOUNT
TOTAL AMOUNT			\$0.00

0 Miles @ \$0.505 Per Mile = \$0.00

Total Other Expenses = \$0.00

Total Amount Claimed = \$0.00

Signed Date

Approval

Principal

Superintendent

Attach Receipts for all "OTHER EXPENSES".