WILLOWS UNIFIED SCHOOL DISTRICT

823 West Laurel Street, Willows CA 95988 TRAVEL EXPENSE CLAIM FORM

0.540

EMPLOYEE NAME:		
ADDRESS:		
CITY/STATE/ZIP:		
PHONE #:		
ORIGINAL P.O. #		

NOTES (as per Board (BP) and Administrative Policy (AR) 3350):

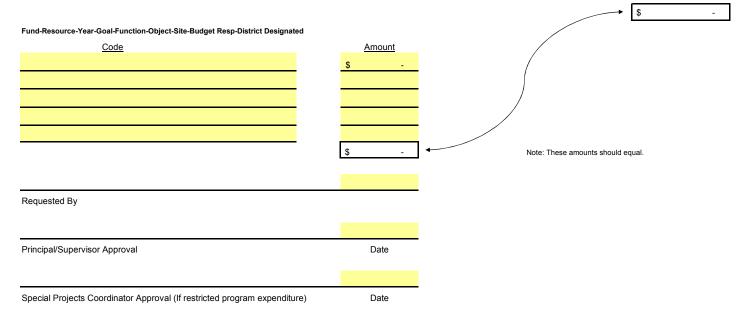
1. Mileage reimbursement rate is equal to the federal tax reimbursement rate and is subject to change. Current rate is :

2. Reimbursable mileage starts and ends at schoolsite in Willows.

3. Original itemized receipts must be attached.

ATTACH AGENDA FROM CONFERENCE OR OTHER FORM TO SUPPORT TRIP

DATE	LOCATION	PURPOSE	MILES	PARKING	FOOD	LODGING	TOTAL
							\$ -
							\$ -
							\$-
							\$-
							\$-
							\$-
							\$-
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