

JOINT SCHOOL DISTRICT #171
P. O. BOX 2259
OROFINO, ID 83544

MILEAGE CLAIM FORM

CLAIM BY: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Form must be returned to the District Office by the 10th of each month.

<u>DATE</u>	<u>FROM</u>	<u>TO</u>	<u>TOTAL MILES</u>	<u>PURPOSE OF TRIP</u>

I, HEREBY CERTIFY that the above is a true and just claim to Joint School District NO. 171, Administrative Office, Orofino, Idaho, that the same has never been paid and I know of no just reason why payment should not be paid.

Employee Signature

Date

Supervisor Signature

Date