January - December 2024 MILEAGE REIMBURSEMENT - Board Members and District Employees

Name

Date	From	To	Purpose	Grant	Actual Miles
TOTALS: Total Miles		0	@ 0.670 GSA rate per mile		
		TOTAL REIMBURSEMENT REQUESTED			$ -

Rates based on federal GSA rates, http://www.gsa.gov.

I hereby certify that the above is a true statement of expenses incurred by me in connection with the activity noted and accordingly make claim for reimbursement.

Date

Signature

Account Number

Administrator Approval