Contra Costa County Office of Education

77 Santa Barbara Road, Pleasant Hill, CA 94523 • (925) 942-3388
Karen Sakata, Superintendent of Schools

2017 MONTHLY MILEAGE AND EXPENSE REPORT

Name _____ Date _____

Address _____

Job Title _____ Work Site _____

SACS # _____ **SACS #** _____

Date	Description: From to Purpose	Mileage	Other Expenses (Meals, Bridge Toll, Parking, etc)	Amount
1/03/17	CCCOE to Sacramento Meeting and return	88	Bridge Toll *(example)*	5.00

Total Miles 0.00
Mileage Rate 53.5¢
Total Mileage $ 0.00

Total Other Expenses $ $0.00

All entries will self – calculate

Total Expense Claim $ 0.00

I hereby certify that the above is a correct and true statement of the actual and necessary expenses incurred by me in the performance of official duties. I further certify that I carry personal vehicle property loss and damage and personal liability insurance for any vehicle mileage expense claimed.

Print Form Reset Form

Examined and approved:

Date: _____ _____ (Claimant Signature) _____ (Supervisor Signature)

Updated: 02/2017