

PIKE VALLEY MONTHLY MILEAGE CLAIM VOUCHER

MONTH OF _____, 20____ NAME _____

DATE	TRIP DESCRIPTION	NUMBER OF MILES	PURPOSE
1.			
2.			
3.			
4.			
5.			
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23.			
24.			
25.			

I hereby certify that the above account is true and correct, is due and unpaid and is allowable by currently existing Board Policy.

Total Miles _____ x .53.5 cents/mile = _____
Amount Claimed

Signature _____ Date _____, 20____

P.O. # _____ Claim approved for payment _____ Date _____ 20____
Superintendent