

# NATOMAS UNIFIED SCHOOL DISTRICT MONTHLY MILEAGE/EXPENSE CLAIM

NAME: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SCHOOL / DEPT: \_\_\_\_\_

Ensure that the appropriate documentation is attached  
Approved Travel and Conference Form, Itemized Receipts, Proof of payment, etc.

Date	Explanation	Miles	Per Diem	Other
<b>TOTAL:</b>				
<b>TOTAL \$:</b>				

**ACCOUNT CODE:**

Fund XX	Resource XXXX	Year X	Object XXXX	Site XXX	Goal XXXX	Function XXXX	Local 1 XXX	Local 2 XXX	Amount:
	-	-	-	-	-	-	-	-	\$
	-	-	-	-	-	-	-	-	\$
	-	-	-	-	-	-	-	-	\$
<b>Total (Must equal amount above):</b>									\$

I hereby certify the above to be a true and accurate account of my actual expenses for the period indicated.

Claimant \_\_\_\_\_ Date \_\_\_\_\_  
(Print name) (Signature)

Site/Dept. Approval \_\_\_\_\_ Date \_\_\_\_\_  
(Print name) (Signature)

District Approval \_\_\_\_\_ Date \_\_\_\_\_  
(Print name) (Signature)

**NOTE: Please tape receipts to 8 1/2" x 11" paper and attach to this claim.**