White Bear Lake Area Schools ISD 624
Employee Mileage/Expense Report

Name _____ Budget # _____

Street Address _____

City, State, Zip Code _____ Bldg./Dept _____

To expedite processing of this reimbursement, please be sure that all information and required signatures are provided.

Receipts must be attached for all reimbursements other than mileage.

Date	Destination/Function/Purpose	Number of Miles	Parking $$$$	Meals $$$$
	Total # Miles			
	x rate per mile			
	Total amount due			
			Grand Total	

I certify that the above claim is just and true and the charges are official and are such as are allowed by law and that no part of said claim has been paid

Signature _____ Approval _____