



EMPLOYEE ID: \_\_\_\_\_  
 INVOICE # \_\_\_\_\_  
 DATE: \_\_\_\_\_

**CIFS/SFUSD ATHLETIC OFFICE  
 MILEAGE AND EXPENSE FORM**

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

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

**MILEAGE:**

Date Mo.-Day	Travel From - To	RT	Miles	Reason
		Y/N		
TOTAL MILES:				(x \$0.67 ) =
TOTAL MILEAGE REIMBURSEMENT \$				

**EXPENSES\*:**

Date	Type-Meals/Lodging/Taxi/Supplies Phone/Parking	Amount	Reason
Sub Total Expense:			
Sub Total Mileage:			
Less Travel Advance:			
<b>Balance Due/Refund:</b>			

EMPLOYEE SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

ATHLETIC OFFICE: \_\_\_\_\_

DATE: \_\_\_\_\_