San Francisco Unified School District
Mileage/Expense Report

Emp.ID#_____
Inv#_____
Date:_____
Page_____of_____

Name_____ School_____

Address_____

Mileage

Date (m/d/y)	Travel To-From	RT√	Miles	Reason

Total:_____(x $0.58)=_____

Expenses

Date (m/d/y)	Meals/Lodging/Tolls/Supplies/Etc.	Cost $		Reason
	Sub Total:	$		
	Less Advance:	$		

***Attach All Receipts Balance Due/Refund: $_____**

Employee Certifies Correct:_____ Title:_____ Date:_____

Supervisor Approves:_____ Title:_____ Date:_____

Approved by:_____ (Athletic Office) Date:_____