

**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 \$0.62.5)= _____

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:** _____