West Linn-Wilsonville School District

EMPLOYEE REIMBURSEMENT REQUEST

FOR 2021 Mileage Only

Reminder: You can not request for public funds if your credit card receives rewards or if you receive rewards points using a store reward program

Please submit in a timely manner (e.g., monthly or per term)

Name_____ Date _____

Date	Description	Miles	Meals	Lodging	Other Expenses (Specify)
	Total	0	$0.00	$0.00	$0.00

Total Miles 0.0 X **2021** mileage rate @ .56 per mile $ 0.00

Total Claim $ 0.00 **ATTACH RECEIPTS** (should match total amount on attached PO)

I certify that the above information is a true and correct statement of expenses incurred in connection with my duty.

_____
Signature

_____
Employee ID Number

For School Secretarial Use Only

PO#:

Date:

Signature:

Original.....…Business Office
Copy…..…..…..Staff Member