LIBERTY SCHOOL DISTRICT MILEAGE AFFIDAVIT
For use by authorized employees using privately owned vehicles.

Name: _____ **Month/Year** _____

Claims must be turned in no later than the 15th of the month to receive reimbursement.

Date	Starting Odometer Reading	Ending Odometer Reading	Destination/Reason	Total Miles

Current reimbursement rate: $0._____. Total Miles: _____

Total Reimbursement Amount: _____

I certify the authorized travel mileage is correct and actually furnished by me while conducting official business for Liberty School District.

_____ _____

Signature of Claimant Signature of Supervisor