



Lake Mills Area
SCHOOL DISTRICT

Staff Expense Claim

Name _____ Date _____

Mileage Expenses

Date	Activity	Destination	Miles

2018 Federal Mileage Rate of .545

Total Miles _____
 X .545 ¢ _____
 Total Mileage Expenses _____

Account Code: ____ E _____

Other Expenses - Receipts Required & Attached

Date	Expenses for Reimbursement	Details	Amount

Total Other Expenses _____
 Total Claim _____

Account Code: ____ E _____

Employee Signature _____

Supervisor Signature _____

District Administrator Signature _____