

**HILLSBOROUGH CITY SCHOOL DISTRICT**

**MILEAGE AND EXPENSE CLAIM**

EMPLOYEE: \_\_\_\_\_ POSITION: \_\_\_\_\_

FOR MONTH OF: \_\_\_\_\_ THRU: \_\_\_\_\_ SITE: \_\_\_\_\_

DATE	DESCRIPTION	REASON	MILES	PROGRAM	AMOUNT
<b>IF CONFERENCE PLEASE NOTE:</b>			<b>TOTAL MILES</b>		
NAME OF CONFERENCE: _____			<b>TOTAL OTHER</b>		
CITY AND STATE: _____			<b>TOTAL MILEAGE</b>		
EXACT DATES: _____			<b>TOTAL CLAIM</b>		

*I hereby certify that the above is a correct and true statement of the actual and necessary expenses incurred by me in the performance of official duties.*

EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_

Per IRS Guidelines, mileage reimbursement rate is \$0.575 per mile, effective for travel on or after January 1, 2020. (Mileage prior to that is \$0.58). Include map to verify distance. Mileage will be reimbursed for the shortest route.

ORIGINAL, DETAILED receipts for all other expenses, in accordance with HCSD's Travel and Reimbursement Guidelines for Conferences, should be attached to a separate piece of paper.

**OFFICE USE ONLY:**

ACCOUNT NUMBER TO CHARGE	PERCENTAGE	AMOUNT PAID
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE PAID: \_\_\_\_\_ WARRANT #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_