Office of Christine Lizardi Frazier
Kern County Superintendent of Schools

STAFF MEMBER MILEAGE/EXPENSE CLAIM

Date	Destination/Purpose	Miles	Trip Depart/ Return Time	Breakfast	Lunch	Dinner	Lodging	Misc. Expense	Misc. Expense Description

Total Miles							
Rate							
Total Mileage $		Meals, Lodging, Misc. Totals $					
CLAIM AMOUNT TOTAL	$ -						

Name:

Employee Vendor #:

Job Title:

Normal Work Site Location:

Employee Signature:

Administrative Approval/Signature:

Program Account #	Amount

Date Submitted: