TUOLUMNE COUNTY SUPERINTENDENT OF SCHOOLS

MONTHLY TRAVEL CLAIM

NAME _____ MONTH _____

Date	Odometer Reading		Total Miles	Itinerary
	Beginning	Ending		

TOTAL MILES:_____ X _____ PER MILE = $_____
I certify that the above claim is a true and accurate account of expenditures for the period indicated.

_____ _____

Signature of Employee Date Signature of Department Head/Supervisor Date

_____

Approved B Business Services Date