



Liberty Union High School District
 20 Oak Street
 Brentwood, CA 94513
 (925) 634-2166
 Fax (925) 634-1687

EXPENSE CLAIM

NAME _____ SITE _____ Purpose _____ Date _____

DATE	DESCRIPTION	Mileage	Rate**	Amount
SACS Code: _____				
GRAND TOTAL:				

This is to certify that the above designated expenses represent actual and necessary traveling expenses incurred while on official district business. Such listed expenses contain no Federal Excise Tax from which the district is exempt.

****Current Federal Rate for 2020 is 57.5 cents per mile**

Signed _____

I hereby certify that I have been authorized by the Governing Board of Liberty Union High School District of Contra Costa County, State of California, to approve the claims of such employees for reimbursement for expenses incurred.

I hereby further certify that each of the employees named in the within claim for reimbursement for expenses has duly taken and subscribed to the oath or affirmation required by Chapter 8 of Division 4, Title 1, of the Governing Code of the State of California.

REMEMBER to attach if applicable:
 *ORIGINAL itemized receipt, **must show all items purchased; NO EXCEPTIONS!**
 *Copy of your approved Conference Pre-Approval Form, flier or Agenda from meeting
 *Mileage printout: i.e. map quest

Signed _____
 Authorized Site Approval

Signed _____
 Chief Business Officer