



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

EXPENSE CLAIM

NAME _____ SITE _____ Purpose Home Hospital Date _____

DATE	DESCRIPTION	Mileage	Rate**	Amount
SACS Code: <u>01-0000-3300-1000-060-0-755-5200</u>				
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 per Mile for 2021 is 0.56**

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.

student: _____

address: _____

Signed _____
 Authorized Site Approval

Signed _____
 Chief Business Officer

*Please remember to attach mileage printout