PLEASANTON PUBLIC SCHOOL
EXPENSE REIMBURSEMENT FORM

Name _____ Date _____

Reason for Trip _____

Address _____

Date	Destination	Total Miles	#Miles x .54	Totals
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			$ 0.00	$ 0.00
			TOTAL	$ 0.00

I claim reimbursement from Pleasanton Public Schools for the above expenses incurred by me in the line of duty and declare that the above statement of the expense is a true account of such expense for which payment has not been made by Pleasanton Public Schools.

Signature _____