

# Spokane County Fire District 8

## MILEAGE EXPENSE REPORT

Name \_\_\_\_\_

Address \_\_\_\_\_

Period Covered \_\_\_\_\_

Date	Miles	Location	Purpose

\_\_\_\_\_ Total miles @ \_\_\_\_\_ ¢ per mile = \$ \_\_\_\_\_

Audited \_\_\_\_\_

Approved \_\_\_\_\_

Voucher \_\_\_\_\_ Date \_\_\_\_\_

### CERTIFICATION

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Signed \_\_\_\_\_

Date \_\_\_\_\_