Patricia Gunderson
Superintendent

LASSEN COUNTY OFFICE OF EDUCATION
EXPENSE REIMBURSEMENT

Name: _____

Is this Reimbursement from a Travel Request?
☐ YES ☐ NO

Month: _____

Year: _____

Program to be Charged: _____

Personal Vehicle Mileage Reimbursement Rate

	Locations Traveled		No County Car Available	County Car Available	Other Expenses	
Date	**Start**	**End**	**$0.760 /Mile**	**$0.441 /Mile**	**Description**	**Amount**
		TOTAL MILES				
		SUBTOTALS			**SUBTOTAL**	

I certify that the above is a true statement of expenses incurred on official business of the Lassen County Office of Education.

TOTAL REIMBURSEMENT: _____

Signature: _____
Claimant

Signature: _____
Approved By