



**School District 145 - Waverly**  
**PO Box 426**  
**Waverly, Nebraska 68462**

**CLAIM FOR MILEAGE REIMBURSEMENT**

Date \_\_\_\_\_

Comments \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Account # \_\_\_\_\_

Balance Due \_\_\_\_\_

Date of Travel	Purpose	From	To	Mileage

**Total Miles** \_\_\_\_\_

**Amount Claimed at .58¢/mi** \_\_\_\_\_

I hereby certify that the above expenses were actually incurred by me in the performance of my duties to School District 145, and I declare and affirm under the penalties of perjury that this claim has been examined by me, and the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_  
Signature of Claimant Date

\_\_\_\_\_  
Title Date

\_\_\_\_\_  
Principal Signature Date

\_\_\_\_\_  
Business Manager Signature Date