JOINT SCHOOL DISTRICT #171
P. 0. BOX 2259
OROFINO, ID 83544

MILEAGE CLAIM FORM

CLAIM BY: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DATE	FROM	TO	TOTAL MILES	PURPOSE OF TRIP

I, _____HEREBY CERTIFY that the above is a true and just claim to Joint School District NO. 171, Administrative Office, Orofino, Idaho, that the same has never been paid and I know of no just reason why payment should not be paid.