

**EDUCATION MINNESOTA  
LEWISTON-ALTURA**

Expenses and Mileage Claim Form

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

<u>Date</u>	<u>Item/Mileage</u>	<u>Activity</u>	<u>Total</u>
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Total

I declare that this claim is just and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_