



Mileage Reimbursement Voucher

Town of Woodside
2955 Woodside Road
Woodside, California 94062
650 851.6790
www.woodsidesetown.org

Name: _____

Date: _____

I certify that the expenses listed hereon were lawfully incurred in the performance of municipal duties, and represent a proper charge against the Town of Woodside, California.

Signature of Claimant: _____

Date	Expense Description in Detail	Miles Driven	Amount at \$0.575
Total Amount:			

I certify that the charges listed hereon are proper, and that the expense incurred was a benefit to the Town of Woodside.

Supervisor's Approval Signature _____

Date: _____

Note: Mileage expenses are paid through payroll. Please turn in with timesheet.