

Antelope Valley-East Kern Water Agency Expense Claim

Employee Name: _____

Date: _____

Employee Signature: _____

Destination and Description of Work	Private Car Miles	Meals	Lodging	Incidental	Total

Mileage Reimbursement

Total Private Car Miles: _____ @ _____ Total Mileage Expense: _____

Total Claim Amount: _____

Approved By: _____

Date: _____