	Form 300.x	IS COUNTY OF SAN FRAN	SUEET NO							
	FIELD E	SHEET NO.								
	Dept:			, 20						
	Dept: Date: Reimbursement is requested for field expense on official business for month of:									
			·	Γ	T					, 20
	DATE	PURPOSE	TRAVEL (From-To)	RT Y/N	ODOMETER READINGS	MILES	PARKING METER	CAR- FARE	TELE- PHONE	OTHER (Receipt Required)
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Use additional Sheets as needed, numbering each sheet, totaling and certifying on last sheet for month. For Round Trip, check "RT" column.										
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INSTRUCTIONS: Enter Odometer of continuous driving on City busing Receipt or explanation required for										

THE UNDERSIGNED HEREBY CERTIFIES that the above is a true statement of travel mileage and expense incurred in official business of the City and County of San Francisco.

GRAND TOTAL \$

Signatur	e of	Depa	rtment	t Head

Expense incurred by (name of employee)