



**STATEMENT OF EXPENSES INCURRED  
MILEAGE REIMBURSEMENT  
FORM 17**

**TO: Board of Education  
Westwood Community School District  
3335 S. Beech Daly  
Dearborn Heights, MI 48125**

**Date:** \_\_\_\_\_

**NOTE: Please itemize expenses carefully. The use of pen and ink will be appreciated. Back-up must be provided for reimbursement.**

<b>DATE</b>	<b>PLACE</b>	<b>MILEAGE TOTAL</b>	<b>AMOUNT</b>

**TOTAL** \_\_\_\_\_

Account # \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Other Administrator

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Superintendent/Director of Finance