MILEAGE REIMBURSEMENT
CLAIM
Unified School District No. 417

Claim for reimbursement for mileage traveled on official school activities in privately owned vehicle. PLEASE COMPLETE CLAIM & SUBMIT TO BUILDING PRINCIPAL. DUE AT DISTRICT OFFICE BY THE SECOND FRIDAY OF EACH MONTH.

Date MM/DD/YY	**Destination**	**Purpose**	**# Miles Traveled**	**Cost**
		Total Miles		
	(50¢ per mile)	**Payment Due**		

I certify the above claim is true and correct and the indicated mileage is due for payment.

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Signature

Approved by:

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Building Principal

Approved by:

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Superintendent