MILEAGE REIMBURSMENT
CLAIM

Unified School District #417

Claim for reimbursment for mileage traveled on official school activities in privately owned vehicle. PLEASE ITEMIZE CLAIM AND SUBMIT TO BUILDING PRINCIPAL SO IT CAN BE FORWARDED TO CENTRAL OFFICE BY THE SECOND FRIDAY OF EACH MONTH.

Date	Destination	Purpose	Mileage

Total Miles _____

Payment Due (@ 47¢ per mile) $ _____

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

_____
Signature

Approved by:

_____
Building Principal

Approved by:

_____
Superintendent