MILEAGE REIMBURSEMENT
CLAIM
Unified School District No. 417

Claim for reimbursement for mileage traveled on official school activities in a privately owned vehicle. PLEASE COMPLETE CLAIM MONTHLY & SUBMIT TO BUILDING PRINCIPAL. DUE AT DISTRICT OFFICE BY THE 10th OF EACH MONTH.

Name:

Date MM/DD/YY	Destination	Purpose	# Miles Traveled
		Total Miles	

Payment will be calculated by District Business Manager at a rate of .535 cents per mile

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

	Claimant's Signature
	Building Principal's Signature
	Superintendent's Signature