MILEAGE REIMBURSEMENT CLAIM Unified School District No. 417

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	Cost
, ,				\$0.000
				\$0.000
				\$0.000
				0
				\$0.000
				\$0.000
				\$0.000
				\$0.000
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				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
		Total Miles	0	•
\$0.585 p	er mile	Payment Due		\$0.000
I certify the above claim	is true and correct, and the	e indicated mileage is due for	payment.	
		Claimant's Signature		
		Building Principal's Signature		
		Superintendent's Signature		