MILEAGE REIMBURSEMENT
CLAIM
Unified School District No. 417

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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
				$0.000
				$0.000
				$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
				$0.000
				$0.000
				$0.000
				$0.000
		Total Miles	**0**	
$0.560	per mile	**Payment Due**		**$0.000**

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