## SCHOOL DISTRICT

## MILEAGE EXPENSE CLAIM FORM for Personal Vehicle

Name			Sch	nool / Site		Month/Year
Address				count # / Budget Code		
Address			Acc	ount #7 Budget Code		
City	State	Zip				
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						JLD BE INCLUDED ON PAGE 1
DATE	DEPARTED FROM	1	DESTINATION		RETURNED TO	MILES TRAVELED
I hereby certify that the above mileage was incurred while on official business				TOTAL MILES		
National School District and no miles normally driven to and from work had			have			
been claimed. (Board Policy No. 4133).					x mileage rate	0.560
Submitted by:						
Cabrillia by.					TOTAL CLAIM	\$
Approved by:					CLAIW	

Principal / Director