

OCSU MILEAGE REIMBURSEMENT CLAIM FORM

Name _____

School District

Month and Year of Record

[illegible]

Total Miles _____ X \$_____ per mile = \$_____ Amount Due

"I declare the following to be a true and correct statement of the mileage actually travelled in the discharge of my duties."

Signature _____

Please submit to OCSU at the end of each month