Redlands Unified School District **DISTRICT MILEAGE REPORT**

Only ORIGINAL signed forms will be used for reimbursement.

| Name: | | | Site: | | | | | Date: | | | | | | |
|----------------|------------------------|------------|--------------|-------------------------|----------|---|-----|---------------|---|--------------------------|---|--------------------|-----------------------------|-------|
| Date | | | estinat | | | | | ess (if not d | | | Zip Code | | Purpose | Miles |
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| Note: All Dist | <mark>eage Re</mark> p | orts w | vill be reta | <mark>urned if t</mark> | be Accou | e Account Number Section is not filled out. | | | | | Total Miles | | | |
| | | I . | | | | ccount Nu | | | | | I certify that the above are actual and necessary travel expenses incurred in accordance with the provisions of the Education Code for school business. | | | |
| Amount | FS | RES | YR | GOAL | FUNC | OBJECT 5201 | LOC | MGM | Т | accordance with | h the provisions | s of the Education | n Code for school business. | |
| | - | | | | | 5201 | | | | Signature | | | | |
| | | | | | | 5201 | | | | | | | | |
| | | | 1 | | | 5201 | | | | Approved: | | | Immediate Supervisor | |
| | | | | | | | | | | | | | | |
| | Total Amount Due | | | | | | | | | Approved: Accounting Sup | | | Accounting Supervisor | |

Mileage Reports are due to the Accounting Department at the close of each month.