

Mileage Reimbursement Monthly Expense Form

Local travel, which does not require a Travel & Conference form, is exclusively travel within 75 miles of the district and involves only mileage compensation.

Name:	Month/Year:	
Employee ID:	Date Submitted:	
Department:		

DATE	CITY/LOCATION FROM TO			PURPOSE	ROUNDTRIP (Yes <u>or</u> No)	MILEAGE	
Travelow	nonco authorizod	ay the Covernin	a Roard under authority of				
Travel expense authorized by the Governing Board under authority of applicable Education Code Section 87032 and Govt. Code 1223. "I certify that the above are actual and necessary travel expenses incurred for school district purposes and in accordance with the Education and Govern men t codes of the State of California."				Total Mileage:			
			essary travel expenses incurred	Current Rate Per Mile:			
			nce with the Education and	Total Cost:			
			nia.	Budget Code:			
Auto Insu	Auto Insurance Company:			Please check one:			
(Complete if personal vehicle is used for transportation, and attach copy of insurance card)			ansportation, and attach copy	 Please call me when my reimbursement check is ready at: Mail my check to my department: Mail my check to my home 			
Employee Signature:							
Manager Approval: Date:							
				SUBMIT FORM TO ACCOUNTING SERVICES			