



MOUNTAIN VIEW SCHOOL DISTRICT
MILEAGE REIMBURSEMENT CLAIM

Complete all sections in BLUE

NAME: []
POSITION/TITLE: []
SITE/DEPARTMENT: []

FUNDING SOURCE/CODE: Fund Resource Goal Function Object Location
5210

Table with columns: DATE, ORIGIN, DESTINATION, ODOMETER (START, END), MILES, MILEAGE RATE, TOTAL MILEAGE, PARKING COST, PURPOSE OF TRIP. Includes a TOTALS row at the bottom.

Enter the mileage rate in this box. [] MILES = []
TOTAL PARKING EXPENSES [] (MUST ATTACH RECEIPTS)
TOTAL AMOUNT []

I HEREBY CERTIFY THAT THE ABOVE TRIPS WERE NECESSARY IN THE PERFORMANCE OF MY DUTY.

EMPLOYEE SIGNATURE: _____ DATE: _____
SUPERVISOR SIGNATURE: _____ DATE: _____