Note: Download PDF for form to calculate.

MOUNTAIN VIEW SCHOOL DISTRICT
MILEAGE REIMBURSEMENT CLAIM

January 1, 2019 through December 31, 2019

Complete all sections in BLUE

NAME:
POSITION/TITLE:
SITE/DEPARTMENT:

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

DATE	ORIGIN	DESTINATION	ODOMETER START	ODOMETER END	MILES	MILEAGE RATE	TOTAL MILEAGE	PARKING COST	PURPOSE OF TRIP
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
					0	.58	0.00		
				TOTALS	0	X .58	0.00	0	

2019 Mileage Rate, Jan. 1 _Dec. 31: .58

Enter the mileage rate in this box.
Complete a new claim form each time the rate changes.

0 **MILES** = 0.00

TOTAL PARKING EXPENSES 0.00
(MUST ATTACH RECEIPTS)

TOTAL AMOUNT 0.00

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

EMPLOYEE SIGNATURE: _____ **DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

Please return completed form to Accounts Payable Department.

Revised 01/2019 LSL