

RIM OF THE WORLD UNIFIED SCHOOL DISTRICT

MILEAGE REIMBURSEMENT REQUEST

FOR THE MONTH OF _____, 20 _____

NAME: _____ () BOARD MEMBER () EMPLOYEE

*****MUST BE SUBMITTED IN TRIPLICATE*****

DATE	WHOLE MILES	FROM	TO	PURPOSE

_____ TOTAL MILES @ _____ ¢* PER MILE \$ _____

I certify that the above are actual and necessary travel expenses incurred for school district puposes and in accordance with the Education Code of the State of California and that no part thereof has been previously paid.

PO NUMBER

SIGNATURE OF CLAIMANT

DISTRICT APPROVAL

PRINCIPAL OR SUPERVISOR