RIM OF THE WORLD UNIFIED SCHOOL DISTRICT

MILEAGE REIMBURSEMENT REQUEST

FOR THE MONTH OF_____2_____

NAME:_____( ) BOARD MEMBER ( ) EMPLOYEE

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 purposes 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