

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
MILEAGE REPORT & REIMBURSEMENT CLAIM FORM**

DATE	FROM	TO	REASON	# OF MILES

TOTAL MILES

I hereby certify that I have driven my car the authorized miles as itemized above during the period of _____ to _____ in the performance of my duties for the Manhattan Beach Unified School District. I hereby claim reimbursement at the following rate schedule as authorized by the Board of Trustees, effective January 1, 2019.

RATE: 58.0¢ TOTAL REIMBURSEMENT CLAIM: \$

Acct Class.: 01.0-_____ .0-_____ -_____ -5215-_____

Requestor's Signature

Requestor's Printed Name

Address to be sent to ->

Dawnalyn Murakawa-Leopard,
Deputy Superintendent

Department Head Approval

TO BE FILED WITH THE BUSINESS OFFICE AT THE END OF EACH MONTH, OR AT THE END OF EACH SEMESTER, OR WHEN THE CUMULATIVE REIMBURSEMENT AMOUNT REACHES \$25.00. CLAIMS NOT SUBMITTED BY THE 15TH OF THE FOLLOWING MONTH MAY NOT BE PROCESSED.