

PARLIER UNIFIED SCHOOL DISTRICT MILEAGE EXPENSE CLAIM

CLAIMANT NAME: _____ MONTH END: _____
(Staff Member)

BUDGET CLASSIFICATION: _____ -520002- _____
Fd Rs Fy Gl Fn Ob Si L1 L2

Date	Beginning Odometer	Ending Odometer	Departed From	Destination	Purpose of Trip	Total Miles
<i>Today</i>	<i>Google</i>		<i>Office</i>	<i>Sacramento</i>	<i>CSBA workshop</i>	<i>0.0</i>

Total Miles Traveled _____ **\$0.545** _____

Make / Year of Auto _____ License Number _____

I hereby certify that the foregoing is an accurate statement of mileage on authorized school district business and that liability insurance was in force protecting the school district and members of the governing board.

Claimant Signature: _____ DATE: _____

Supervisor Signature: _____ DATE: _____

APPROVED BY: _____ DATE: _____