WM. S. HART UNION HIGH SCHOOL DISTRICT
MILEAGE EXPENSE CLAIM FORM

NAME _____ **DATE** _____

MONTH(S) _____**WORKSITE/DEPARTMENT**_____

This form shall be submitted for reimbursement at least quarterly, but no more than 110 days following the date the expense was incurred. Expenses incurred during the last quarter of the fiscal year shall be submitted no later than July 15th annually.

DATE	FROM	TO	MILES	PURPOSE

I certify the mileage listed was necessary to perform my duties as assigned and that I currently have the minimum automobile liability, bodily injury, and property insurance coverage required by California Law.

Total Miles 0 **x** 0.580 **= $** 0

EMPLOYEE SIGNATURE **DATE** **PRINCIPAL/DIRECTOR** **DATE**

FISCAL USE ONLY:

ACCOUNTING CODE					
FUND	**RESOURCE/PY**	**GOAL**	**FUNCTION**	**OBJECT**	**LOCATION**

Accounting: _____ (initial/date) Accounts Payable: _____ (initial/date) _____ Director of Fiscal Services/Date