NEW HAVEN UNIFIED SCHOOL DISTRICT
MONTHLY RECORD OF MILEAGE AND BRIDGE TOLLS
FOR EMPLOYEE USE ONLY

Must be recorded daily. **For the month(s) of:** ______________________

Date	Origin	Destination	Return	Total Miles	Bridge Toll*	Reason
			TOTAL	0.00	0.00	

*Receipt Required

Total Miles **0.00** @ $0.580 per mile = **$0.00** plus tolls 0.00 = **$0.00**

I hereby certify that the above are the actual and true expenses incurred by me in the performance of official duties.

Budget Code(s):

FD	RES	YR	GO	FNC	OBJ	LOC	MGR	AMT

____
EMPLOYEE SIGNATURE

____
PRINT NAME

____
Principal/Supervisor *Date*

SSN (last 4 digits)**:** ______________________

HOME ADDRESS: ______________________

BUSINESS OFFICE APPROVAL:

____
Chief Business Officer or Designee *Date*

BU-116