Family Partnership Home Study Charter School

2018 'Mileage Reimbursement Worksheet

Date Form Prepared: Assigned Site: SLO ___ Orcutt ___ SMMont ____ Solvang ___ MB____ SM/BUSD____

Charge To: FPCS

REQUIRED INFORMATION FOR REIMBURSEMENT: THIS SECTION MUST BE COMPLETE

Travelers Name:	
Address:	
City, State, Zip	

Date	From	To	Purpose of Trip	Miles @ 54.5¢	Time Departed	Time Returned	Parking Expense

Total Miles _____ @ 54.5¢ per mile = $ _____

Total Parking Expense $ _____

Total from other side $ _____

TOTAL CLAIM $ _____

I hereby certify that the following information is a true and correct statement of my actual and necessary expenses incurred while on official school business.

_____ _____

Travelers/Employee Signature Date

FOR OFFICE USE ONLY

Vendor # _____ Document # _____

Budget Code _____ Posted By _____

Date Paid _____ Approving Signature _____