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 ->

_____
Department Head Approval

_____
Dawnalyn Murakawa-Leopard,
Deputy Superintendent

TO BE FILED WITH THE BUSINESS OFFICE AT THE END OF EACH MONTH. CLAIMS NOT SUBMITTED BY THE 15TH OF THE FOLLOWING MONTH MAY NOT BE PROCESSED.

Ratified Jan. 23, 2019