Note: Download PDF for form to calculate.

MOUNTAIN VIEW SCHOOL DISTRICT
MILEAGE REIMBURSEMENT CLAIM

Effective: January 1, 2024

Complete all sections in BLUE

NAME:
POSITION/TITLE:
SITE/DEPARTMENT:

	Fund	Resource	Goal	Function	Object	Location
FUNDING SOURCE/CODE:					5210	

DATE	ORIGIN	DESTINATION	ODOMETER START	ODOMETER END	MILES	MILEAGE RATE	TOTAL MILEAGE	PARKING COST	PURPOSE OF TRIP
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
					0	.67	0.00		
				TOTALS	0	X .67	0.00	0	

2024 Mileage Rate, Effective Jan. 1 .67

Enter the mileage rate in this box.

Complete a new claim form each time the rate changes.

0 **MILES** = 0.00

TOTAL PARKING EXPENSES 0.00

(MUST ATTACH RECEIPTS)

TOTAL AMOUNT 0.00

I HEREBY CERTIFY THAT THE ABOVE TRIPS WERE NECESSARY IN THE PERFORMANCE OF MY DUTY.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

Please return completed form to Accounts Payable Department.

Revised 01/01/2024 DR