



**MOUNTAIN VIEW SCHOOL DISTRICT  
MILEAGE REIMBURSEMENT CLAIM**

*Complete all sections in BLUE*

NAME:   
 POSITION/TITLE:   
 SITE/DEPARTMENT:

FUNDING SOURCE/CODE: 

Fund	Resource	Goal	Function	Object	Location
				5210	

DATE	ORIGIN	DESTINATION	ODOMETER		MILES	MILEAGE RATE	TOTAL MILEAGE	PARKING COST	PURPOSE OF TRIP
			START	END					
<b>TOTALS</b>									

<input style="width: 80px; height: 20px; border: 1px solid black;" type="text"/> Enter the mileage rate in this box. Complete a new claim form each time the rate changes.	<input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> MILES	=	<input style="width: 90%; height: 20px; border: 1px solid black;" type="text"/> <b>TOTAL PARKING EXPENSES</b> (MUST ATTACH RECEIPTS)
			<input style="width: 90%; height: 20px; border: 1px solid black;" type="text"/> <b>TOTAL AMOUNT</b>

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

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_