MOUNTAIN VIEW SCHOOL DISTRICT
MILEAGE REIMBURSEMENT CLAIM

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
				TOTALS					

[_____]
Enter the mileage rate in this box.
Complete a new claim form each time the rate changes.

[_____] **MILES**   = [_____]

TOTAL PARKING EXPENSES [_____]
(MUST ATTACH RECEIPTS)

TOTAL AMOUNT [_____]

**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 01-12-2016 LSL