

Laguna Beach Unified School District

Mileage Reimbursement Form

Instructions: Attach to the mileage reimbursement form, a copy of the conference brochure or workshop flyer and the printed one-way directions (**double the mileage** to arrive at a round trip figure - no rounding) and submit it to the Business Office for reimbursement.

Name:	Site:	Today's Date:
Address:	City, State and Zip Code:	
For the month of:	Standard Rate 54.0 Cents per Mile	CALENDAR YEAR 2016

Please log each trip separately

Date	From (Location)	To (Location)	Nature of Business	Total Miles

Account Number:		Total Miles Traveled:	
			Multiply by
			TOTAL
			Other Expenses (Parking/Toll Fee):

I hereby certify that the above claim covers travel and expenses for official school business and school owned vehicles were not available.

Employee Signature	Date

Approved by:

Principal/Department Head	Date
Superintendent/Chief Business Official	Date

TOTAL AMOUNT DUE: