

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 53.5 Cents per Mile	CALENDAR YEAR 2017

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: