CLEAR FORM

LOS BANOS UNIFIED SCHOOL DISTRICT

MILEAGE CLAIM FORM

JULY 2023 - JUNE 2024

FISCAL SERVICES USE ONLY

TC #: _____

CHECK #: _____

CHECK DATE: _____

FOR PERIOD: _____ — _____

NAME: _____ V #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ ADDRESS CHANGED ☐

ACCOUNT LINE: _____ PHONE NUMBER: _____

DATE(S)	DESTINATION		MILES TRAVELED	PURPOSE OF TRIP
	FROM	TO		

Completed Mileage Claim shall be submitted within five working days after the completed travel or five working days after the last day of the month.

TOTAL MILEAGE	0
RATE PER MILE	.655
TOTAL MILEAGE EXP.	$ 0.00

I CERTIFY THE ABOVE CLAIM TO BE A TRUE AND ACCURATE ACCOUNT OF EXPENDITURES FOR THE PERIOD INDICATED.

_____
CLAIMANT'S SIGNATURE

_____
SITE ADMINISTRATOR APPROVAL

_____
ACCOUNTS PAYABLE (VERIFIED BY)

_____
DISTRICT AMINISTRATOR APPROVAL

_____
FISCAL SERVICES APPROVAL

ROUTING PROCEDURE: Claimant> Site Admin Approval> District Admin Approval (If Needed)> Accounts Payable> Fiscal Services Approval