

**MISSION VALLEY USD #330
MILEAGE REIMBURSEMENT CLAIM FORM**

Revised 2/11/20

EMPLOYEE'S NAME _____	VOUCHER # _____
MONTH _____	

Type of Trip **	Day of Month	Origin Of trip	Trip Destination	Return to Where?	Reason for trip (Please complete)	Number of Miles
Use Code						

Trip Codes: **(Please enter a code and also specify reason for trip)**

G EA - General Education and Administration; Athletics	F S-Food Service related issue
S PA - Special Education Administrative tasks	S PS - Special Education - Student related issue
P D-Professional Development activity	O TH-Other

Total Miles @ 57.5 cents	\$ _____
Other allowable expenses, itemized on the back of sheet, or attached.	\$ _____
Total Amount of this claim	\$ _____
I certify that this claim is correct and due:	
	Signature of employee
Administrator approval	Superintendent Approval

For District Office Use or Administrator Coding						
Budget Year	Fund #	Function #	Program # or Program Name	Object & Location #'s	Amount of this claim	SACCT #
Total Claim Amount to be Paid						