

ORINDA UNION SCHOOL DISTRICT

Monthly Mileage Reimbursement Form

Employee Vendor #: _____

Month: _____

DATE	DESCRIPTION OF TRAVEL: From Departure Point to Destination								MILEAGE	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
TOTAL MILEAGE:									0	MILEAGE X RATE(\$0.655/mile) \$0.00
DATE	DESCRIPTION: Other Travel Expenses-toll, parking, etc. (Attach Receipts)								AMOUNT	
CHARGE TO: Account Code									TOTAL EXPENSE CLAIM: _____	
Fund	Resc	Goal	Func	Loc	Yr	DUO	Object			
							5201	\$0.00		

PAY TO: _____
(Print Name)

SITE/DEPT.
APPROVAL: _____

SCHOOL/
Department: _____

BUSINESS
OFFICE
APPROVAL: _____

SIGNATURE: _____

I hereby certify that the above is a correct and true statement of the actual and necessary expenses incurred in the performance of official duties.

Monthly reimbursement forms must be turned in by the 15th of the following month.