CHAFFEY JOINT UNION HIGH SCHOOL DISTRICT

Mileage Reimbursement Form

Fiscal Services Use Only	
Vendor #:	
Travel Claim #:	
Batch #:	
Date Entered:	

Claimant's Name: _____

Claimant's Address: _____

_____

Budget Code: _____ **Date Submitted:** _____

Budget Approval: _____ **Claimant's Site:** _____

Mileage is calculated from worksite to destination only. If destination is other than a school site, please include mapquest.

DATE:	DESTINATION NAME:	PURPOSE:	ODOMETER READING Start / Stop	MILES:
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			TOTAL MILES:	-

2020 IRS Mileage Reimbursement Rate is .575 2021 IRS Mileage Reimbursement Rate is .56

Miles:	Rate:	Miles X Rate:
0.0	$ -	$ -
	Total Amount of Claim:	$ -

I certify that the above are actual and necessary travel expenses incurred in accordance with the provisions of the Educational Code for school business.

_____ Date: _____

Signature of Claimant Principal or Supervisor

_____ Date: _____

Date: Purchasing Authorized Agent

Please retain a copy for your records.

Bus. Of. 35 (07/2011)