

CHAFFEY JOINT UNION HIGH SCHOOL DISTRICT
Mileage Reimbursement Form

Claimant's Name: _____
Claimant's Address: _____

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

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		MILES:	
			Start	Stop		
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
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					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
					0.00	
2018 IRS Mileage Reimbursement Rate is .545 2019 IRS Reimbursement Rate is .58					TOTAL MILES:	0.00

Miles:	Rate:	Miles X Rate:
0.00	\$ -	\$ -
		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.

Signature of Claimant

Principal or Supervisor

Date:

Date:
Purchasing Authorized Agent