MORONGO UNIFIED SCHOOL DISTRICT

CLAIM FOR MILEAGE REIMBURSEMENT
USE OF PRIVATE VEHICLE

CLAIMANT _____ POSITION/LOCATION: _____

MAILING ADDRESS: _____

Date	Miles Traveled	Departure Point	Destination	Point of Return	Purpose of Travel

TOTAL MILES _____ RATE PER MILE TOTAL OF CLAIM $ -

I hereby certify that the foregoing is an acurate statement of mileage traveled in conduct of official business of the Morongo Unified School District during the month of _____and that liability insurance was in force protecting the school district and its officers, agents and employees during this time.

DATE: _____

_____
CLAIMANT'S SIGNATURE

_____
ACCOUNT # TO BE CHARGED

_____
SUPERVISOR'S APPROVAL

APPROVED FOR PAYMENT: _____
ASSISTANT SUPERINTENDENT-BUSINESS SERVICES

See reverse side for allowed mileage distances between District sites.