

PIONEER UNION SCHOOL DISTRICT

Mileage Reimbursement Form

Complete this form and obtain approval from your immediate supervisor prior to submitting to Accounts Payable for reimbursement. Receipts must be attached for any parking expenses.

Name of Employee (please print)

Date	Purpose of Trip	Destination(s)	Mileage	Parking/Tolls

Total Miles _____ **x .70 =** _____ **+ Parking expenses** _____ **= \$** _____

Account Code:

I hereby certify that:

1. The above is an accurate accounting of my incurred mileage expenses.
2. The mileage expenses claimed above are not reimbursable to me or to the district from any other source.

Signature of Employee

Date

Supervisor Approval:

CBO Approval:

Superintendent Approval: