

Principal/Department Head

VICTOR VALLEY UNION HIGH SCHOOL DISTRICT MILEAGE EXPENSE CLAIM FORM

NAME:			MONTH:		20	
BUDGET#:	(As show on Payroll)			_		
DATE		PLAC	CE AND PURPOSE			MILES
DATE		1 1.710	SE MIND I OILI OSE			IVIILLS
						
				T	OTAL:	0
	Total Mileage:	0	Miles x \$ Per Mile	0.535	= \$ <u>\$</u>	-
I hereby certify that the above claim is true and correct, that the mileage shown is in accordance with the provisions of Section 17434, 17435 of Title 5 of the California Administrative Code, and that no part thereof has heretofore been paid.			I hereby certify that the employee named above has subscribed to the oath of allegiance required by Chapter 8, Division 4, Title 1, Government Code of California.			
Signed:			Signed:			
Payroll Signature of Employee Making Claim			Business Services			
Approved:						
	rincipal/Department Head		•	re	evised Jan 20	017