Santa Maria-Bonita School District

MILEAGE CLAIM FORM

NAME

BUDGET CODE

SCHOOL/SITE

PROGRAM

DATE	FROM	TO	PURPOSE OF TRIP	MILES
			TOTAL MILES THIS PAGE	
			$ 0.625	$ -
		TOTAL MILES	PER MILE	AMOUNT DUE

I hereby certify that this is a true and correct statement of actual and necessary expenses.

SIGNATURE

DATE

APPROVED

DATE

Rev 7/7/2022