

## VICTOR VALLEY UNION HIGH SCHOOL DISTRICT MILEAGE EXPENSE CLAIM FORM

NAIVIE:				MONTH:				20_		
BUDGET#:	(As	show on Payroll)								
DATI	E		PLAC	CE AND PURPOS	Ē				MILES	
							TOT	AL:	0	
	Tot	al Mileage:	0	Miles x \$ Per	Mile	\$ 0.62			0	
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:				_						
Principal/Department Head						revi	sed June	2022		

revised June 2022 thru Dec 2022