

MDUSD - MILEAGE CLAIM FOR USE OF PERSONAL CARS

Name: _____ Date: _____ Employee ID #: _____ Site: _____ District Position: _____

Address: _____ Expenditure Code: _____

Date	From	To (Destination)	Purpose	Mileage ONE WAY	Check One:		TOTAL MILEAGE	Rate	Amount	Parking, Bridge Tolls	Total Expenses
					Round Trip	One Way					
								\$0.655			
								\$0.655			
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								\$0.655			
				TOTALS							

All sections must be completed by the employee requesting reimbursement, including obtaining appropriate signatures and expense codes.
 Incomplete, inaccurate, or outdated forms will be returned to employee for correction, and may delay the payment.

Signature of Employee: _____ Date: _____

Principal / Director / Program Administrator (DO NOT USE SIGNATURE STAMPS): _____ Date: _____

Note: Mileage Reimbursement is for actual miles driven or preset mileage between sites, whichever shorter.
 Mileage cannot be claimed for regular commute miles to and from your original work assignment. (i.e. Miles driven from and to home is considered commute.)