Visalia Unified School District
Mileage Reimbursement Form for Local Area Travel

Instructions:

1. Type or print in legible ink.

2. Reimbursements must be approved by the Principal/Site Administrator before payment will be made.

3. Put each month on a separate form. Mileage Reimbursements must be submitted monthly.

Failure to comply with these instructions will result in mileage reimbursement form being returned to you

Fund (3 Digits)	Resource (5 Digits)	Project Year (1 Digit)	Goal (5 Digits)	Function (5 Digits)	Object (5 Digits)	Site (3 Digits)	Type (4 Digits)	Mgr. (3 Digits)

Vendor # _____

Work site: _____   Department: _____

Name: _____   Mailing Address: _____

Date	Location (Where Expense Occurred)	Purpose (Why Expense Occurred)	Mileage*
			TOTAL

Miles _____   x Rate _____   [_____]

I hereby certify that the above expenses are actual and were necessarily incurred in the performance of my official duty. I also certify that no part of the above claim has been paid and that this claim does not include expenses for other employee and non-employee meals except as listed above and authorized by the Board of Education (including Board Policy/Administrative Regulation.) I certify that I have personal auto liability insurance in accordance with Vehicle Code Section 16020.

_____   Date _____
Signature of Employee

_____   Title _____   Date _____
Signature of Site Administrator

_____   Title _____   Date _____
Signature of Appropriate Director

Local area Mileage is within a 75-mile radius