

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				
TOTAL MILES	PER MILE	0.67	\$	-

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

SIGNATURE

DATE

APPROVED

DATE