

Romoland School District Mileage Expense Reimbursement

MONTH of:

PR/PO #:

 EMPLOYEE'S NAME:
 SCHOOL/DEPT.:

DATE	FROM	ТО	MILES	PURPOSE

Total Miles

.655¢ per mile

= \$

2023 Rate

I certify the mileage listed was necessary to perform my duties as assigned and that I currently have the minimum automobile liability, bodily injury, and property insurance coverage required by California law.

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Signature of Employee

Signature of Principal or Department Head

Title of Employee

District Office Approval