

MILEAGE REIMBURSEMENT CLAIM FORM
Hacienda La Puente Unified School District

NAME _____ REQ. NO. _____

HOME ADDRESS _____ JOB TITLE/SITE _____

DATE	DESTINATION/PURPOSE	TOTAL MILES
<i>Total Miles</i> claimed for reimbursement		
Total Amount claimed for reimbursement (_____ x .70¢ per mile)		\$

Account number(s) to pay mileage reimbursement claim:

- - - - -	\$
- - - - -	\$

Document Reviewed: _____

I hereby certify that this mileage reimbursement claim is just and true and the mileage driven was done in the course of carrying out job responsibilities for Hacienda La Puente Unified School District

Signature of Person Submitting Mileage Reimbursement Claim Date _____

Claimant's Supervisor's Approval Date _____

Director of Fiscal Approval Date _____

Form#1020 (rev 1/3/2025)
All mileage claims are subject to review before being processed. Mileage claim forms must be submitted within 10 work days after the month claimed on the mileage form. Claim forms not submitted in a timely manner may not be paid and paperwork will be sent back to claimant. Distances traveled within the district will be calculated using the district mileage chart. When traveling outside of the district mileage chart, a MapQuest form will be needed. Whiteout is prohibited on mileage forms; any forms that have whiteout will be returned. By signing this form claimant acknowledges that they understand and accept the reimbursement guidelines.

