

Bakersfield City School District

Education Center - 1300 Baker Street
Bakersfield , California 93305
Fiscal Services

Print Form

MILEAGE CLAIM FOR USE OF PRIVATE CAR

Employee Name _____ Employee Identification Number _____ Department / Site _____

For the month of: ▼

Date	Where Traveled	Odometer Reading		Total Miles
		Start Of Trip	End Of Trip	
An odometer start and end of trip reading is required for reimbursement.			Total Mileage:	0

Miles

0

X

Rate

0.725

=

Total

\$0.00

Note: Mileage allowance shall be governed by the maximum as set by Board Policy.

Budget Number

Program Title

I hereby certify that the above is a true record of actual and necessary mileage by an automobile covered by me in the performance of duties as directed by the Board of Education, Bakersfield City School District

Date Signature _____

Approved _____
(Department Head / Principal)