NEW RATE AS OF JULY 1, 2026

SWEETWATER UNION HIGH SCHOOL DISTRICT
EXPENSE CLAIM FOR MILEAGE OF EMPLOYEE'S CAR

Reference: Policy No. 3350; Administration Regulation No.3352

Claimant's Name (type or print) _____ Last 4 SSN _____

Site or Address _____ For Month Ending _____

I hearby certify that the following is an accurate statement of mileage on authorized School District business and that minimum automobile liability was in force protecting the School District and members of the Governing Board.

Claimant's Signature: _____ Date: _____

Approved by: _____ Date: _____
Principal/Supervisor

Additional Approval: _____ Date: _____

District Office Approval: _____ Date: _____
Chief Financial Officer

Charge Expenditures to:

Fund	Resource	PY	Goal	Function	Object	School	Cost Center	Project
					5210			

Authorized by #.C. Section 44033 **Please attach list of full addresses for destinations other than District sites.**

Date	Reason for Trip	Departed From	Stops	Return To	Miles Traveled

Submit original to the Accounting Department and retain copy for your records

Total Miles Traveled	0.00
Mileage Rate	0.76
Mileage Claim	$ 0.00
Parking Fees (attach receipts)	
Total Amount of Claim	$ **0.00**

USE ANOTHER FORM FOR ADDITIONAL TRIPS