

SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

CLAIM FOR MILEAGE ON PERSONAL AUTOMOBILE

NAME _____

POSITION _____

MONTH January

SCHOOL YEAR 2026/2027

DATE	PURPOSE	FROM	TO	MILES	\$ AMOUNT
				2	1.5
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0

I hereby certify that the above is a true and correct statement of my actual and necessary expense incurred while on official business for the District.

Claimant's Signature

Date

Total of All Miles 2 @ \$ 0.760 = \$ 1.50

Supervisor's Signature

Date

BUSINESS SERVICES ONLY

APPROVED FOR PAYMENT

ACCOUNT NUMBER