

2026/2027 YUSD Mileage Reimbursement Form

Employee Name: _____

Month: _____

[illegible]

Total Monthly Mileage: _____

Employee Signature: _____

Supervisor Signature: _____

Site to Site Mileage:

EVG to GSS or GSS to EVG: 1 mile

EVG to JSS or JSS to EVG: 0.4 mile

JSS to GSS or GSS to JSS: 0.6 mile