Laguna Beach Unified School District

Mileage Reimbursement Form

Instructions: Attach to the mileage reimbursement form, a copy of the conference brochure or workshop flyer and the printed one-way directions (**double the mileage** to arrive at a round trip figure - no rounding) and submit it to the Business Office for reimbursement.

Name:	Site:	Today's Date:
Address:	**City, State and Zip Code:**	
For the month of:	**Standard Rate**	**CALENDAR YEAR**
	53.5 Cents per Mile	**2017**

Please log each trip separately

Date	From (Location)	To (Location)	Nature of Business	Total Miles

Account Number:

Total Miles Traveled: 0

Multiply by .535

TOTAL $ 0.00

Other Expenses (Parking/Toll Fee):

I hereby certify that the above claim covers travel and expenses for official school business and school owned vehicles were not available.

Employee Signature **Date**

Approved by:

Principal/Department Head **Date**

Superintendent/Chief Business Official **Date**

TOTAL AMOUNT DUE: $ 0.00