LOS ALAMITOS UNIFIED SCHOOL DISTRICT

Monthly Mileage Claim

(please attach Google Maps mileage estimation)

NAME: **DATE:**

SCHOOL SITE: **CLAIM FOR THE MONTH OF (1 month):**

DATE	DESCRIPTION	PURPOSE	MILES
		TOTAL MILES	0.00

By signing this form, I recognize that the receipt of a mileage payment from the District is for the expenses of operating my vehicle on District business. Expenses being reimbursed are gasoline, maintenance and repair, as well as insurance to cover the minimum state requirement for public liability and damage. I recognize that coverage for District equipment shall be provided by my auto insurance carrier in instances where I would be transporting District property except in those cases where the District requires such transportation.

Employee Signature Date

Department Head Approval Date

Director of Fiscal Services Approval Date

For Business Office Use Only	
Rate per Mile	**$**
TOTAL AMOUNT	**$**