

SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

CLAIM FOR MILEAGE ON PERSONAL AUTOMOBILE

NAME _____

POSITION _____

MONTH _____

SCHOOL YEAR _____

DATE	PURPOSE	FROM	TO	MILES	\$ AMOUNT

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.

Total of All Miles _____ @ _____ ¢=\$ _____

Claimant's Signature Date

Supervisor's Signature Date

<i>BUSINESS SERVICES ONLY</i>	
_____ APPROVED FOR PAYMENT	_____ ACCOUNT NUMBER