

## 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.

\_\_\_\_\_  
 Claimant's Signature                  Date

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

\_\_\_\_\_  
 Supervisor's Signature              Date

BUSINESS SERVICES ONLY

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\_\_\_\_\_  
 APPROVED FOR PAYMENT    ACCOUNT NUMBER