SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

CLAIM FOR MILEAGE ON PERSONAL AUTOMOBILE

NAME_____ POSITION _____

MONTH January SCHOOL YEAR 2024/2025

DATE	PURPOSE	FROM	TO	MILES	$ AMOUNT
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0

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 0 @ 0.70 ¢=$ 0.00

_____ _____

Claimant's Signature Date

_____ _____

Supervisor's Signature Date

BUSINESS SERVICES ONLY

_____ _____

APPROVED FOR PAYMENT ACCOUNT NUMBER