MT. DIABLO UNIFIED SCHOOL DISTRICT

MILEAGE CLAIM FOR USE OF PERSONAL CARS

Name _____ Date _____

Address _____ Warrant Mailed? _____

City _____ Zip Code _____ Warrant Put in School Box? _____

Position _____ Expenditure Code _____

Date	From	To (Destination)	Purpose	Total Mileage	Check One		Rate	Amount	Parking, Bridge Tolls	Total Expenses
					Round Trip	One Way				
			TOTALS							

Signature of Claimant

Approved: Principal / Director / Program Administrator (DO NOT USE SIGNATURE STAMPS)

Note: Mileage Reimbursement is for actual miles driven only. Mileage cannot be claimed for going to and from your original work assignment. Reference Board Rule 4133, 4233, and 4333.