



**Sutter Union High School District  
REIMBURSEMENT REQUEST FORM**

**Full Name**

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**Contact Number**

Date

Program/Event/Sport/Etc (include mailing address if not a current employee or coach)

MILEAGE REIMBURSEMENT				
Date	From	To	Purpose	Total Miles
				Total Mileage:
				Rate Per Miles:
				Total Mileage Reimbursement: \$

*\*Mileage is paid based on the shortest route from the school site to the location round trip*

**Total Mileage + Expenses Reimbursement Requested: \$**

*Please attach original receipts, mileage claims must include a Google Maps printout or similar proof of trip distance. All reimbursement requests must be submitted within 30 days of the purchase/travel date. Requests submitted after this period may not be approved.*

By signature below, Requestor certifies that the above is a true statement of the expenses incurred in accordance with current state and local laws and regulations.

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**Requestor's Signature**

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Date

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Authorized Signature

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Date