

RED BLUFF JOINT UNION HIGH SCHOOL DISTRICT
CLAIM FOR MILEAGE REIMBURSEMENT

Date: _____

Name of Claimant: _____

Department Code: _____

Address of Claimant: _____

Expense Code: _____

Date of Trip	Miles Driven	Purpose of Trip

Total Miles: _____

_____ Miles x District Reimbursement Rate of _____ per Mile = Claim of \$ _____

Signature of Claimant

Approval of Department Chair

Chief Business Official

Approval of Principal