

**RED BLUFF JOINT UNION HIGH SCHOOL DISTRICT**

**CLAIM FOR MILEAGE REIMBURSEMENT**

Date: \_\_\_\_\_

Name of Claimant: \_\_\_\_\_

Department Code: \_\_\_\_\_

Address of Claimant: \_\_\_\_\_

Expense Code: \_\_\_\_\_

Total Miles:

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

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**Signature of Claimant**

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### Approval of Department Chair

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**Chief Business Official**

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### Approval of Principal