SUTTER COUNTY SUPERINTENDENT OF SCHOOLS
MILEAGE EXPENSE CLAIM

NAME (Please Print): _____ **MONTH:** _____

SCHOOL SITE: _____ **PROGRAM:** _____

DATE	FROM	TO	PURPOSE	MILES

Total Miles Traveled: -

7/1/2026		**X**	$ 0.76	**=**	$ -
	Total Miles Traveled		**Per Mile**		**Total Amount Due**

I hereby certify that the above mileage was performed in connectiong with my official duties as an employee of the Sutter County Superintendent of Schools.

_____ _____

Claimant's Signature Date

_____ _____

Approved Title

Budget Code:	Vendor #:

Proof of insurance and minimum requirements are mandatory for any mileage claim.