BIGGS UNIFIED SCHOOL DISTRICT
MILEAGE CLAIM FORM

Claims must be filed within 60 days of incurring expense. Claims filed after that date will not be reimbursed
PLEASE ATTACHED A GOOGLE MAP PRINT OUT OF START AND END LOCATION.
If this is for school event travel the starting location is 300 B Street Biggs, CA 95917

Name:_____ Date:_____

Mailing address:_____

Date	DESTINATION	PURPOSE OF TRAVEL	MILEAGE

Total Mileage	
Mileage Rate	
Total Expense	

I hereby certify that the above is a true statement of expenses incurred by me on official business for the Biggs Unified School District

_____ _____
Claimant Signature Date

_____ _____
Supervisor/Principal Signature Date

Amount	Fund	Resource	Year	Object	Goal	Function	Site	Manager	Cost Center