

ORINDA UNION SCHOOL DISTRICT

Employee Vendor #: \_\_\_\_\_

Monthly Mileage Reimbursement Form

Month: \_\_\_\_\_

DATE	DESCRIPTION OF TRAVEL: From Departure Point to Destination								MILEAGE	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
TOTAL MILEAGE:									0	MILEAGE X RATE(\$0.7/mile)
									\$0.00	
DATE	DESCRIPTION: Other Travel Expenses-toll, parking, etc. (Attach Receipts)									AMOUNT
	CHARGE TO: Account Code								TOTAL EXPENSE CLAIM: _____	
	Fund	Resc	Goal	Func	Loc	Yr	DUO	Object		
								5201		

PAY TO: \_\_\_\_\_  
(Print Name)

SCHOOL/  
Department: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SITE/DEPT.  
APPROVAL: \_\_\_\_\_

BUSINESS  
OFFICE  
APPROVAL: \_\_\_\_\_

I hereby certify that the above is a correct and true statement of the actual and necessary expenses incurred in the performance of official duties.

Monthly reimbursement forms must be turned in by the 15th of the following month.