



# PERRIS UNION HIGH SCHOOL DISTRICT

## 2018 EMPLOYEE MILEAGE CLAIM

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Employee Address: \_\_\_\_\_ Site/Department: \_\_\_\_\_

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

Date	Destination (address/location)	*Business Purpose (reason)	Miles

<b>CURRENT MILEAGE RATE:</b>	0.545	<b>TOTAL MILEAGE:</b>	
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Funding Line (s) to be Charged:	Fund	School	Resource	PY	Goal	Function	Object	Claim Amount	
								5210	
							5210		
<b>TOTAL</b>								\$	-

I certify that I currently have the minimum automobile bodily injury, liability, and property damage insurance coverage, as required by California State law. I also certify that these are actual miles driven in my personal vehicle on approved school district business only.

**Submit monthly no later than 15 days following the end of the month.**  
**Allow 3 weeks for payment to be processed and mailed.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved for Payment: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator (required)

Approved for Payment: \_\_\_\_\_ Date: \_\_\_\_\_  
Categorical (if applicable)

Approved for Payment: \_\_\_\_\_ Date: \_\_\_\_\_  
Accounting

**Accounting Use Only**

Vendor # \_\_\_\_\_

Claim # \_\_\_\_\_

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