



PERRIS UNION HIGH SCHOOL DISTRICT

2019 EMPLOYEE MILEAGE CLAIM

Employee Name: _____

Employee #: _____

Employee Address: _____

Site/Department: _____

Month of: _____

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

CURRENT MILEAGE RATE: 0.58 **TOTAL MILEAGE:** _____

Funding Line (s) to be Charged:

Fund	School	Resource	PY	Goal	Function	Object	Claim Amount
						5210	
						5210	
TOTAL							\$ -

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: _____