SIERRA UNIFIED SCHOOL DISTRICT

Expense Claim for Mileage For Employee's Car
For Miles traveled after 7/1/22

Make of Automobile_____ Year/Model_____ License Number_____

DATE	DEPARTED FROM	STOPS	RETURNED TO	MILES TRAVELED	PURPOSE OF TRIP

Total Miles Traveled_____ X $.625 = _____

I hereby certify that the foregoing is an accurate statement of mileage on authorized school district business and that liability insurance was in force protecting the school district and members of the governing board.

Claimant's Name _____
Claimant's Address _____
Claimant's Signature_____ Date _____
Principal's Signature_____ Date _____

Account classification to be charged_____