

SIERRA UNIFIED SCHOOL DISTRICT

Expense Claim for Mileage For Employee's Car For Miles traveled after 1/1/21

Make of Automobile _____

Year/Model _____

License Number _____

DATE	DEPARTED FROM	STOPS	RETURNED TO	MILES TRAVELED	PURPOSE OF TRIP

Total Miles Traveled _____ X \$.56 =

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.

Print Claimant's Name _____

Claimant's Signature _____ Date _____

Principal's Signature _____ Date _____

Account classification to be charged _____