

SIERRA UNIFIED SCHOOL DISTRICT

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

Make of Automobile _____ Year/Model _____ License Number _____

DATE	DEPARTED FROM	STOPS	RETURNED TO	MILES TRAVELED	PURPOSE OF TRIP

Total Miles Traveled _____ X \$.585 = _____

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 _____