

# SIERRA UNIFIED SCHOOL DISTRICT

Expense Claim for Mileage For Employee's Car  
For Miles traveled after 1/1/23

Make of Automobile \_\_\_\_\_ Year/Model \_\_\_\_\_ License Number \_\_\_\_\_

DATE	DEPARTED FROM	STOPS	RETURNED TO	MILES TRAVELED	PURPOSE OF TRIP

Total Miles Traveled \_\_\_\_\_ X \$.655 = \_\_\_\_\_

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 \_\_\_\_\_