

LAKESIDE UNION SCHOOL DISTRICT
Mileage Reimbursement Claim
 Claims will not be honored after **60 days**.

From: _____ Job Site: _____
 (Type or print claimant's name)

For the Month of: _____ Vehicle License No.: _____

DATE	FROM	TO	MILES	PURPOSE OF TRIP

Total Miles:	X Rate	= Claim \$
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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.

Date: _____ Claimant's Signature: _____

Approved by: _____
 (Signature of Principal or Supervisor)

FD	RES	GOAL	FUNC	OBJ	SITE	OP-Unit	
xxxx	xxxxxxx	xxx	xxxx	xxxxxxx	xxx	xxx	
				5200030			

DISTRICT MILEAGE TABLE FOR CALCULATIONS BELOW

	ESS-ADMIN (FIRE STA) NOC-TECH MAINTENANCE	LEAPP PRESCHOOL	LEMON CREST	WINTER GARDENS	TIERRA DEL SOL	RIVERVIEW	LAKESIDE MIDDLE	LINDO PARK	LAKEVIEW	LAKESIDE FARMS	EUCALYPTUS HILLS	DISTRICT OFFICE
DISTRICT OFFICE	0.8	0.9	0.5	2.8	1.2	1.0	0.8	1.0	2.5	1.3	3.2	
EUCALYPTUS HILLS	3.8	3.8	3.6	6.0	4.3	4.2	3.9	4.0	5.5	2.5		3.2
LAKESIDE FARMS	2.0	1.9	1.5	4.1	2.3	2.2	2.0	1.8	3.5		2.5	1.3
LAKEVIEW	3.0	3.2	2.0	5.2	1.7	3.4	3.1	1.8		3.5	5.5	2.5
LINDO PARK	1.7	1.8	1.0	3.8	0.8	1.9	1.7		1.8	1.8	4.0	1.0
LAKESIDE MIDDLE	0.2	0.2	1.2	2.9	1.9	1.2		1.7	3.1	2.0	3.9	0.8
RIVERVIEW	1.1	2.6	0.7	1.8	1.9		1.2	1.9	3.4	2.2	4.2	1.0
TIERRA DEL SOL	1.9	2.0	8.0	3.8		1.9	1.9	0.8	1.7	2.3	4.3	1.2
WINTER GARDENS	2.3	2.5	2.3		3.8	1.8	2.9	3.8	5.2	4.1	6.0	2.8
LEMON CREST	1.3	1.5		2.3	0.8	0.7	1.2	1.0	2.0	1.5	3.6	0.5
LEAPP PRESCHOOL	0.4		1.5	2.5	2.0	2.6	0.2	1.8	3.2	1.9	3.8	0.9
ESS-ADMIN (FIRE STA) NOC-TECH/ MAINTENANCE		0.4	1.3	2.3	1.9	1.1	0.2	1.7	3.0	2.0	3.8	0.8

MILEAGE CLAIM FORM

(TO BE TURNED INTO BUSINESS SERVICES)

MONTH: _____

20 _____

DATE	Miles	DATE	MILES	DATE	MILES
1		12		23	
2		13		24	
3		14		25	
4		15		26	
5		16		27	
6		17		28	
7		18		29	
8		19		30	
9		20		31	
10		21			
11		22			

TOTAL MILES: _____

Signature: _____