EAST NICOLAUS JOINT UNION HIGH SCHOOL DISTRICT
MILEAGE EXPENSE CLAIM

NAME (Please Print): _____ **MONTH**: _____

SCHOOL SITE: _____ **PROGRAM**: _____

DATE	FROM	TO	PURPOSE	MILES

Total Miles Traveled: _____

	X	¢	=	$
Total Miles Traveled		**Per Mile**		**Total Amount Due**

I hereby certify that the above mileage was performed in connection with my official duties as an employee of the East Nicolaus Joint Union High School District.

_____ _____

Claimant's Signature Date

Approved: _____ Title: _____

Budget Code:	**V#:**

Proof of insurance is mandatory for any mileage claim.