## Barstow Unified School District

Deliver/Mail Warrant to:

Instructions:

1. Mileage claims MUST be submitted monthly.
2. Report each day to nearest tenth of a mile.

REQUEST FOR MILEAGE REFUND
Date:
Submit ALL copies to Business Office.

Payroll Name $\qquad$
Position Title $\qquad$

Month
School/Dept

| DAILY REPORT OF MILEAGE ON BOARD OF EDUCATION BUSINESS |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| DATE | MILES | PURPOSE | PLACE | DATE | MILES | PURPOSE | PLACE |
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I certify that the above is a correct statement of the number of miles I have driven my automobile on authorized school business and I hereby present my claim for refund. I further certify that mileage claimed
above is in accordance with provision s of Administrative Regulation 4133.

I have liability insurance on my automobile and agree to maintain insurance coverage as long as I use my automobile for school business.
Signed $\qquad$
Approved $\qquad$
Approved
Business Office

Accounting Office Use $\qquad$
Accounting Code

