Barstow Unified School Distric

JND	er/Mail Warrant to:	
ND	Data	
	Date:	
TION E	BUSINESS	
	PURPOSE	PLACE

Instruction 1. Mileas		R)	EQUEST	FOR MI	LEAGE	REFUND			
 Mileage claims MUST be submitted monthly. Report each day to nearest tenth of a mile. Submit ALL copies to Business Office. 				Date:					
Payroll N		Month							
Position	Title			School/I	Dept				
		DAILY REPOR	T OF MIL	EAGE ON BO	OARD OF	F EDUCATION	N BUSINESS		
DATE	MILES	PURPOSE	PL	ACE	DATE	MILES	PURPOSE	PLACE	
authorize	d school busin	is a correct statement of the number of m less and I hereby present my claim for re with provision s of Administrative Regul	fund. I furth	ner certify that			Total Miles	\$	
I have liab	ility insuranc	e on my automobile and agree to main	tain insura	nce coverage	as long as	I use my auto	mobile for school business.		
Signed _	Payroll Si	gnature of Employee							
Approved	Principal	or Department Head		Accounting		Jse	Miles @¢ per	mile_\$	
Approved		Office		Accounting				U-15	
1 1	Business	Office					_	Printed by Kc	