MODOC COUNTY OFFICE OF EDUCATION REQUEST FOR MILEAGE REIMBURSEMENT

	REQUEST FOR MILE
INSTRUCTIONS:	

		submitted monthly		Date:				
2. Report ea	each day to neares all copies to the Bu	st length of a mile usiness Office			Deliver / Mail to:			
EMPLOYEE #:	N	IAME:			MONTH:			
POSITION TITLE	E:		SCHOOL !	DEPARTMENT:				
	DAILY	REPORT OF MIL	EAGE (COUNT	Y OFFICE OF E	DUCATION BUS	INESS)		
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 drive my automobile on Count business, and I hereby present my claim for mileage reimbursement. I further certify that mileage claimed point of duty to the last point of duty in accordance with provision of Board Policy.								
———— I HAVE LIABILITY IN	JSURANCE ON MY AU	JTOMIBLE AND AGREE	TO MAINTAIN INS	JRANCE COVERAGE	AS I USE MY AUTON	JOBILE FOR SCHOOL	/ OFFICE BUSINES	
		BURSEMENT REQUES						
be used if using pers	sonal vehicle by choice	e.	_					
				ACCOUNTING OFFICE USE ONLY				
EMBLOVEE CLONATU	IDE							

EMPLOYEE SIGNATURE:				_	MILES X (70% RATE) = \$					
APPROVED (ASST. SUPT. OR DEPT. HEAD):					MILES X (IRS RATE) = \$			= \$		
				INVOICE #		VEND	OOR #			
FUND	RESOURCE	YEAR	GOAL	FUNCTION	Ol	BJECT	SITE	LOC1	LOC2	\$\$\$'s