CUTLER-OROSI JOINT UNIFIED SCHOOL DISTRICT
MILEAGE REPORT FORM

Name: _____ **Month:** _____

Date	Destination	Purpose	Miles
		Total Miles:	**0.00**

Business Office Use Only			
❑ No budget	❑ Insufficient budget	❑ Required signature	Date: _____
❑ Other:			Initials:

For claims for mileage reimbursement: I certify that I have automobile liability insurance as required by state law on my private vehicle in force at the time I used my vehicle. State law requires $15,000.00/$30,000.00 public liability and $5,000.00 property damage coverage.

Signed: _____

Turn in an original and one copy of all materials being submitted. This form must be approved by site or department administrator before submission to the district office.

Line	Fund	Resource	Project Year	Goal	Function	Object	Site	Local	Manager	Percent	Amount
1											$ -
2											
3											
4											

APPROVED BY: _____
(Site/Department Administrator)