

CHINO VALLEY UNIFIED SCHOOL DISTRICT

Mileage Claim Form

Claimant:		Today's Date:	
Claimant's Mailing Address:		School/Dept.:	
Claimant's City/State/Zip:		Claimant's Email Address:	
Budget Number:		Claim Month/Year:	

Reimbursement for mileage is made for school business travel only. The mileage claim form should be prepared at the end of each calendar month, and submitted for processing not later than the 10th of the following month. For reimbursement of travel between school sites, please refer to the District's School Mileage Chart for actual travel miles. (Downloadable from the Business Services web page)

Note: All mileage claims must bear the original signatures requested below, with a copy of the current auto insurance attached. Claims more than 60 days old will not be honored by the District. Allow 4-6 weeks for processing.

[illegible]**TOTAL MILES:**

**@ 0.70 per mile =
(Current IRS Rate)**

For Business Only:
Budget \$ _____
Initial _____
Date _____

I, the undersigned, hereby certify that the above are actual and necessary travel expenses incurred for school district purposes and are in accordance with the Education Code of the State of California.

REMIT TO THE BUSINESS SERVICES DEPARTMENT

Signature, Claimant

Date _____

Signature, Site Principal/Dept. Supervisor

Date _____

Signature, Business Services

Date _____