GROSSMONT UNION HIGH SCHOOL DISTRICT
Expense Claim for Mileage of Employee's Personal Vehicle

E-

Name of Claimant Vendor #

_____-_____-_____-_____-_____-____-____-____-___

Budget Classification /Number

Name of School or Department

Supt./ Principal / Department Head Approval (Signature)

Date	Miles Traveled	Departed From	Stops	Returned To	Purpose

Total Miles 0.0 Rate Per Mile .56 Total Claims $ 0.00

I hereby certify that the forgoing is an accurate statement of mileage on authorized school district business and that liability insurance was in force protecting Grossmont Union High School District and members of the Governing Board

Claimant's Signature

Date

(1) Note: Asst. Supt./Principal's claims must be signed by Supt.

DISTRIBUTION:
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