Tulare Joint Union High School District

Expense Claim For Mileage Of Employee Vehicle

Name: _____ Social Security No.: XXX-XX-_____

Address: _____

Date	Odometer Reading Start Of Trip	Odometer Reading End Of Trip	Miles Traveled	Destination And Purpose Of Trip

Total Miles: _____ @ _____ cents/mile=$ _____

I hereby certify that the foregoing is an accurate statement of authorized school district business.

Signed:_____ Position:_____

Department Head/Principal:___(Electronically Approved)_____