



PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT
800 Niblick Rd, Paso Robles, CA 93446

Mileage Expense Claim

.58 cents/mile effective January 1, 2019

Vendor Number _____

For Month/Year

Name

Date Submitted

Mail Address _____

Street Address

City

State

Zip Code

Work Location _____

Phone _____

| Day of Month | Purpose of Trip | Destination | Private Car Mileage |
|--------------|-----------------|-------------|---------------------|
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| 30 | | | |
| 31 | | | |

Signature of Claimant _____

Total Miles _____ =

I hereby certify that the above is a true statement of expenses incurred by me while on official business for Paso Robles Joint Unified School District

Budget Code

| FUND | RESC | YR | OBJT | GOAL | FUNC | SITE | DISC | DISC2 |
|------|------|----|------|------|------|------|------|-------|
| | | | | | | | | |

Authorized Requisitioner Signature

Chief Business Officer

Date

Title

Director of Fiscal Services

Date