



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

Mileage Expense Claim

.575 cents/mile effective January 1, 2020

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
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
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