



**LONG BEACH UNIFIED SCHOOL DISTRICT
MILEAGE AND PARKING REIMBURSEMENT CLAIM FORM**

Name:	_____	PAY SITE	_____
Home Address:	_____		_____
Emp ID#:	_____		_____
SACS Account Number:			
1.	_____ -5210-	_____	_____ %
2.	_____ -5210-	_____	_____ %

CLAIM FOR REIMBURSEMENT	
Date of Claim:	_____
Dates Covered:	_____
Total Miles:	_____ -
Rate Per Mile (2019):	\$ 0.580
Subtotal:	\$ -
Parking (Attach Receipts):	\$ -
Total Amount Claimed:	\$ -

I certify that mileage claimed was necessary in the performance of my duties on official school business per board action - No prior claim has been made for these costs.
All pages must be approved by Supervisor.

 Signature of claimant as printed above

 Approval Signature _____
 Date

Approved as complying with Board Regulations regarding payment for travel and mileage of employees.

FOR ACCOUNTING USE ONLY	
Vendor #:	_____
Document#:	_____
Invoice #:	_____
Audited by:	_____
Date Processed:	_____
Amount Paid:	_____

Date	From	To	Purpose	Miles	Parking
PAGE TOTAL				-	-

