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

Name: _____ **PAY SITE**

Home Address: _____

Emp ID#: _____

SACS Account Number:

1. _____ _____ %
2. _____ _____ %

I certify that this mileage 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

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

CLAIM FOR REIMBURSEMENT

Vehicle License# _____

Date Form Submitted _____

Period Covered _____

Number Of Miles _____

Cost Per Mile _____

Subtotal _____

Parking (Receipts Attached) _____

Total Amount Claimed _____

FOR ACCOUNTING USE ONLY

Document# _____ V# _____

Invoice # _____

Audited by _____

Date Processed _____

Amount Paid _____

Date	From	To	Purpose	Miles	Parking
			TOTALS		

BD 876

Falsifying this report is a cause for dismissal under the Education Code.

Rev. 12/07

Notes:
1. Mileage claims should be submitted to the Accounting Branch whenever an employee accumulates 250 miles or more.
2. All others should submit their claims at least quarterly.
3. Reimbursement for mileage is based upon the shortest distance between departure and arrival points.
4. Only original claim forms are acceptable. No copies.

(OVER)

Mileage Claim Form Continued

Name of Claimant: _____

Date	From	To	Purpose	Miles	Parking
			TOTALS		

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_____

Approval Signature - All pages must be approved by Supervisor.