



# LONG BEACH UNIFIED SCHOOL DISTRICT

## MILEAGE AND PARKING REIMBURSEMENT - CLAIM FORM

Name: \_\_\_\_\_

Home \_\_\_\_\_

Address: \_\_\_\_\_

Emp ID#: \_\_\_\_\_

PAY SITE

**SACS Account Number:**

1. \_\_\_\_\_ %

2. \_\_\_\_\_ %

CLAIM FOR REIMBURSEMENT

Vehicle License# \_\_\_\_\_

Date Form Submitted \_\_\_\_\_

Period Covered \_\_\_\_\_

Number Of Miles \_\_\_\_\_

Cost Per Mile \_\_\_\_\_

Subtotal \_\_\_\_\_

Parking (Receipts Attached) \_\_\_\_\_

**Total Amount Claimed** \_\_\_\_\_

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.*

FOR ACCOUNTING USE ONLY

Document# \_\_\_\_\_ V# \_\_\_\_\_

Invoice # \_\_\_\_\_

Audited by \_\_\_\_\_

Date Processed \_\_\_\_\_

Amount Paid \_\_\_\_\_

Date	From	To	Purpose	Miles	Parking
TOTALS					

### Mileage Claim Form Continued

Name of Claimant: \_\_\_\_\_

Date	From	To	Purpose	Miles	Parking
			TOTALS		

Approval Signature - All pages must be approved by Supervisor. \_\_\_\_\_