



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

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

CLAIM FOR REIMBURSEMENT	
Date of Claim:	_____
Dates Covered:	_____
Total Miles:	-
Rate Per Mile (2020):	\$ 0.575
Subtotal:	\$ -
Parking (Attach Receipts):	\$ -
<b>Total Amount Claimed:</b>	<b>\$ -</b>

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				-	-

