



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

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

<b>CLAIM FOR REIMBURSEMENT</b>	
Date of Claim:	_____
Dates Covered:	_____
Total Miles:	_____ -
Rate Per Mile (2021):!	\$ 0.56
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.*

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

Date	From	To	Purpose	Miles	Parking
PAGE TOTAL				-	-

- Notes:
1. Submit mileage claims quarterly or when 250 miles have been accumulated *whichever occurs first*.
  2. Reimbursement for mileage is based upon the shortest distance between departure and arrival points
  3. Only original claim forms are acceptable. No copies.
  4. Travel over 50 miles one way must be reported on form, "Permission to be Absent from the District"

**(OVER)**

