

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

Name:		PAY SITE	CLAIM FOR REIMBI	JRSEME	NT
Home			Date of Claim:		
Address:			Dates Covered:		
Emp ID#:			Total Miles:		-
SACS Account Nu	mber:		Rate Per Mile (Jan-Jun 2023):	\$	0.655
1.	-5210-	%	Subtotal:	\$	-
2.	-5210-	%	Parking (Attach Receipts):	\$	-
			Total Amount Claimed:	\$	-
certify that mileage clair	med was necessary in the performa	nce of my duties on official			
school business per boar	rd action - No prior claim has beer	made for these costs.			
All pages must be ap	proved by Supervisor.		FOR ACCOUNTING	S USE ON	ILY
			Vendor #:		

III pages n	nust be approved by Supervi	sor.	FOR A	CCOUNTING	S USE ONLY	
ignature of	f claimant as printed above gnature	Date s regarding payment for travel and	Vendor #:  Document#:  Invoice #:  Audited by:  Date Processed:			
Date	pployees. From	То	Purpose		Miles	Parking

Date	From	То	Purpose	Miles	Parking
			PAGE TOTAL	-	-

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

Rev. 1/2023

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)

## Mileage and Parking Reimbursement Claim Form Continued

Name of Claimant:	

Date	From	То	Purpose	Miles	Parking
					1
					<u> </u>
					1
					+
+					1
			PAGE TOTAL		
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