

COLUMBIA UNION SCHOOL DISTRICT

22540 Parrotts Ferry Rd.
Columbia, CA 95310
(209) 533-7700

MILEAGE REPORT AND REIMBURSEMENT FORM

Pre-approval is required to present a reimbursement claim.

Payee: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Estimated Mileage: _____ **Reason:** _____

Destination Address: _____

City: _____ **State:** _____ **Zip:** _____

Pre-Approval Signature: _____ **Date:** _____

DATE	REASON	STARTING LOCATION	ENDING LOCATION	MILEAGE
Please attach back-up to show your mileage.				TOTAL MILEAGE
IRS Rate _____				TOTAL REIMBURSEMENT

Signature of Claimant Date Signature of Approver Date

Account Code: _____
(completed by Business Office)