FALLBROOK UNION
ELEMENTARY SCHOOL DISTRICT

Mileage form must be submitted on a monthly basis.

It is an IRS regulation to submit mileage reimbursements within 60 days after the mileage was driven. In order to comply with this regulation, the District will not reimburse for mileage claimed beyond this time period.

Expense Claim for Mileage

Use of Employee's Car

Claimant Name : _____
(Please Print)

Make of Vehicle: _____

Account Number: _____

Model / Year: _____ License #: _____

Date of Travel	Purpose of Travel	From	To	# Miles (One Way)	Round Trip	Amount
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	
					☐	

RATE PER MILE: $ 0.560 **TOTAL MILES: -** **TOTAL CLAIM: $ -**

*** Please attach a map for any travel outside of the district grid**

Signature: _____
Claimant

I hereby certify that the foregoing is an accurate statement of mileage for authorized school district business and that liablity insurance was in force protecting the district and members of the Governing Board.

Signature: _____
Supervisor

I hereby certify that the Governing Board of the Fallbrook Union Elementary School District has taken action in accordance with Education Code 44032 to establish the above-indicated mileage rate for the above-named employee in the performance of regularly assigned duties.

Signature: _____
Associate Superintendent, Business Services

Rev. 06/04/19 - ML