



### Use of Employee's Car

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.

Claimant Name :

Date: \_\_\_\_\_

Address:

Make of Vehicle:

Model / Year: \_\_\_\_\_ License #: \_\_\_\_\_

Budget Chart String:

Mileage form must be submitted on a monthly basis.

Date of Travel	Purpose of Travel	From	To	# Miles (One Way)	RT Miles	Round Trip	Amount
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
RATE PER MILE:	\$	0.725	TOTAL MILES:	-	TOTAL:	\$	-

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

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

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

Signature: \_\_\_\_\_

Claimant

Date Signed

Signature: \_\_\_\_\_

\_\_\_\_\_ Authorizing Administrator \_\_\_\_\_ Date Signed

Signature: \_\_\_\_\_

Assistant Superintendent, Business Services Date Signed \_\_\_\_\_