MODOC COUNTY OFFICE OF EDUCATION
REQUEST FOR MILEAGE REIMBURSEMENT

INSTRUCTIONS:

1. Mileage claims MUST be submitted monthly
2. Report each day to nearest length of a mile
3. Submit all copies to the Business Office

Date: _____

Deliver / Mail to: _____ (Location)

EMPLOYEE #:	NAME:	MONTH:
POSITION TITLE:	SCHOOL DEPARTMENT:	

DAILY REPORT OF MILEAGE (COUNTY OFFICE OF EDUCATION BUSINESS)

DATE	MILES	PURPOSE	PLACE	DATE	MILES	PURPOSE	PLACE

I certify that the above is a correct statement of the number of miles I have drive my automobile on County Office of Education business, and I hereby present my claim for mileage reimbursement. I further certify that mileage claimed above is from the first point of duty to the last point of duty in accordance with provision of Board Policy.

TOTAL MILES: _____

I HAVE LIABILITY INSURANCE ON MY AUTOMIBLE AND AGREE TO MAINTAIN INSURANCE COVERAGE AS I USE MY AUTOMOBILE FOR SCHOOL / OFFICE BUSINESS.

EMPLOYEE SIGNATURE:_____

APPROVED (ASST. SUPT. OR DEPT. HEAD):_____

ACCOUNTING OFFICE USE ONLY

_____MILES (IRS RATE) = $_____

INVOICE #_____ VENDOR #_____

FUND	RESOURCE	YEAR	GOAL	FUNCTION	OBJECT	SITE	LOC1	LOC2	$$$'s