Tulare Joint Union High School District

Expense Claim For Mileage Of Employee Vehicle

| Name: | | | Social Security No.: XXX-XX- | |
|---------------|---|---------------------------------------|------------------------------|------------------------------------|
| Address: | | | | |
| Date | Speedometer Reading Start Of Trip | Speedometer Reading End Of Trip | Miles Traveled | Destination And Purpose Of Trip |
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| | <u> </u> | Total Miles: | @ | cents/mile=\$ |
| I hereby cert | ify that the foregoing | g is an accurate stater | nent of authorized scho | ol district business. |
| Signed: | | | Position: | |
| Department | Head/Principal:(E | lectronically Approved | l) | |