

West Contra Costa Unified School District

Mileage Reimbursement Claim Form #EC2

MILEAGE FORMS MUST BE TURNED IN MONTHLY

Name	School or Department	Date	
Mailing Address	City	Zip	Phone

Date	Purpose of Trip	Starting Location	Destination <small>(Include address when outside of District)</small>	Total Miles	Park & Toll	Public Trans.

Out of District Travel Requires an Agenda or some type of notification about the meeting.
 I Hearby certify that the above is a true and accurate report of the travel expense incurred by me on approved school district business.

Total Miles		Do Not Write In This Space	
Mileage Rate Per Mile	\$ 0.545		
Subtotals	\$		
Total Reimbursement	\$		

Account Code:	
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Employee Signature Date

Supervisor Signature Date

Administrator of Funds Signature Date