



## SAN LEANDRO UNIFIED SCHOOL DISTRICT MONTHLY MILEAGE EXPENSE CLAIM FORM FOR 2024

Each employee of the San Leandro USD who is eligible for reimbursement for mileage expense must fill out this form. Please reference the District Mileage Matrix to calculate distances between SLUSD Sites. **It must be submitted to the Business Services Office by the second Tuesday of each month** following the month which the expense was incurred. Retain a copy for your file. Attach any original miscellaneous receipts, bridge toll, etc.

Vendor/Employee ID # \_\_\_\_\_

**Print Name** \_\_\_\_\_ **School or Department** \_\_\_\_\_

**Current Mailing Address** \_\_\_\_\_ **(Must be completed)**

The following expenses were incurred during the month of (circle) JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Authorized Mileage <i>Within</i> District						Authorized Mileage <i>Outside</i> District			Other Authorized Expense		
Date	Destination (to/from)	Mileage	Date	Destination (to/from)	Mileage	Date	Destination (to/from)	Mileage	Date	Description	Cost
1			17								
2			18								
3			19								
4			20								
5			21								
6			22								
7			23								
8			24								
9			25								
10			26								
11			27								
12			28								
13			29								
14			30								
15			31								
16											

<b>Total Miles Within District</b>	0 Mi.	0.67	\$0.00	<b>Notes:</b>
<b>Authorized Mileage Outside District</b>	0 Mi.	0.67	\$0.00	
<b>Total of Other Authorized Expense</b>			\$0.00	
		<b>Total Claim</b>	<u>\$0.00</u>	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Budget Number:** \_\_\_\_\_

**Approved Principal/Dept. Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superintendent or Designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_