SAN LEANDRO UNIFIED SCHOOL DISTRICT

MONTHLY MILEAGE EXPENSE CLAIM FORM FOR 2026

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

	Authorized Mileage *Within* District					**Authorized Mileage *Outside* 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											

Total Miles Within District	0 Mi.	$ 0.725	$0.00	**Notes:**
Authorized Mileage Outside District	0 Mi.	$ 0.725	$0.00	
Total of Other Authorized Expense			$0.00	
		Total Claim	$0.00	

Signature: **Date:**

Budget Number:

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

Superintendent or Designee: **Date:**