MADERA UNIFIED SCHOOL DISTRICT
1902 HOWARD ROAD • MADERA, CA 93637

CLAIM FOR PERSONAL CAR MILEAGE REIMBURSEMENT

MONTH: _____ YEAR: _____
(submit form at the end of each month)

Mileage shall be reimbursed at the IRS standard rate. Claim should not include normal mileage to and from work during working days.

Date	Trip Detail	Odometer Reading		Total Miles
		Beginning	Ending	

TOTAL MILES: _____

SSN: X X X - X X - ☐☐☐☐

RATE PER MILE: _____

CLAIMANT'S NAME & TITLE: (print) _____ **TOTAL REIMBURSEMENT:** _____

ACCOUNT #:

☐☐☐☐ - ☐☐☐☐☐ - ☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐ - ☐☐☐ - ☐☐☐☐

I CERTIFY THE ABOVE TO BE A FULL AND ACCURATE ACCOUNT OF THE ACTUAL AND NECESSARY MILEASE EXPENSE WHILE PERFORMING SERVICE FOR THE DISTRICT IN ACCORDANCE WITH CALIFORNIA ED. CODE SECTION 35172.

CLAIMANT'S SIGNATURE: _____ **DATE:** _____

ADMINISTRATIVE APPROVAL: _____ **DATE:** _____

BUSINESS OFFICE: _____ **DATE:** _____

CLAIM FORM TO BE USED WHEN A PERSONAL VEHICLE IS AUTHORIZED FOR SCHOOL DISTRICT BUSINESS.
CLAIM MAY BE DENIED IF ODOMETER READINGS AND TRIP DETAIL ARE NOT LISTED.

Updated 12/2020