

**TERRA BELLA UNION SCHOOL DISTRICT
MILEAGE REIMBURSEMENT CLAIM FORM**

**(Return to Your Immediate Supervisor)

Name: _____ Social Security# _____

Address: _____

City: _____ State _____ Zip Code _____

Month: _____ Date: _____

****Flyer/Conference Registration Form, a copy of Map Quest or Yahoo Map showing Mileage & Purchase Order MUST Be Attached****

DATE	DESTINATION	REASON	MILEAGE

Purchase Order #: _____

Total Mileage: _____

Budget Line: _____

\$.485 X Mileage: _____

Employee Signature

Date

I certify that I have liability insurance for bodily injury and property damage on any automobile I drive which is on file in the District Office and update annually.

Principal/Vice Principal's Signature

Date

Business Manager's Signature

Date