MONTEREY PENINSULA UNIFIED SCHOOL DISTRICT

MILEAGE LOG

Please attach to the Expense and Mileage Reimbursement Form.

Employee Name	Position	Date
Department	**Site**	

MILEAGE REIMBURSEMENT				
Date	Number of Miles	Destination		Reason for Travel
		From	To	
Total Miles				

Total Number of Miles __________ x 0.540 = $ - **Total Mileage Reimbursement**

* or current rate