

Palos Verdes Peninsula Unified School District

MILEAGE REFUND CLAIM

Full payroll name of Claimant _____ Date _____

For the Month of _____ School/Department _____

Computation of mileage shall be in accordance with approved policy.

Date	From	To	Purpose	# of Miles

I certify that the above is a correct statement of the number of miles I have driven my automobile on school district business and I hereby present my claim for refund. I further certify that the mileage claimed in the above is from the first point of duty to the last point of duty in accordance with provisions of Board Policy.

Total Miles _____

Reimbursement: _____ Miles @ _____ ¢/Mile
\$ _____

Claimant: _____ Approved By: _____
Principal/Department Head