



Mileage Claim & Reimbursement Request

Name: _____ Site/Dept. _____ Date: _____

Claim Period: Month: _____ Year: _____

Report of Mileage for School/District Business

Date	Departed From	Arrived At	Miles

I certify that this is a correct statement of the miles I have driven my vehicle on District/Board of Education business, and hereby present my claim for refund. I further certify that mileage claimed is from the first point of duty to the last point of duty in accordance with provisions of Board Policy.

Total Miles	_____
Per Mile Rate	_____
Total Amount	_____

X
(Administrator/Supervisor Approval)

If you are involved in an accident while driving your personal vehicle on District business, your liability insurance policy applies first. The District liability coverage can be used only if your limits are exceeded. The District does not cover collision or comprehensive coverage for your automobile.

The mileage reimbursement paid by the District covers all operating expenses on your vehicle including, but not limited to, insurance, gas, oil, maintenance, etc.

State law requires that vehicle owners meet a minimum financial responsibility. This requirement is met by providing vehicle liability insurance or a bond.

If you do not carry vehicle liability insurance, you must immediately notify your supervisor, and can no longer use your vehicle for District business until you have met the minimum requirements.

I HAVE LIABILITY INSURANCE ON MY VEHICLE AND AGREE TO MAINTAIN INSURANCE COVERAGE AS LONG AS I USE MY VEHICLE FOR SCHOOL/DISTRICT BUSINESS

Reimbursement Request

The District will not reimburse petty cash expenditures for more than \$20 without prior approval of the superintendent or business manager.

Amount \$ _____

Purpose for expenditure: _____

More than \$20: X
(Superintendent or Business Manager)

Less than \$20: X
(Principal)

Funding Source: _____

Please Attach Receipt to this form for reimbursement