Palermo Union School District
7390 Bulldog Way
Palermo, CA 95968-9700
MONTHLY MILEAGE REPORT

THIS FORM MAY NOT BE USED FOR CONFERENCE MILEAGE

See account code structure on reverse

DATE	DESTINATION/PURPOSE	ORG KEY	OBJ CODE	MILES

TOTAL MILES	
MILEAGE RATE as of 7/1/2011	X 55.5¢
AMOUNT DUE	

RECAP OF ACCOUNTS TO BE CHARGED:

ORG KEY_____ OBJECT CODE_____ AMOUNT $_____

ORG KEY_____ OBJECT CODE_____ AMOUNT $_____

ORG KEY_____ OBJECT CODE_____ AMOUNT $_____

ORG KEY_____ OBJECT CODE_____ AMOUNT $_____

I certify that this is a true and correct claim for actual expenses incurred and that no payment has been received on account thereof.

_____ _____

Employee Signature Date

_____ _____

Coordinator of Categorical Programs Signature (if needed) Date

_____ _____

Supervisor Signature Date

Revised
7/7/2011