

2020
OAK PARK UNIFIED SCHOOL DISTRICT
MILEAGE REIMBURSEMENT REQUEST

Name of Claimant _____ Date _____

Address _____

Site _____ Mileage for month of _____

Prior approval is required for trips in excess of 50 miles one way.

Date	Miles	Destination	Date	Miles	Destination

Total # Miles	0
Amount per Mile	\$0.57.5
Amount Reimbursement Requested	\$ -

I hereby certify that the above claim is a correct statement of the number of miles I have driven my automobile on official school business.

Claimant Signature _____ Date _____

Site Adm. Signature _____ Date _____

Program # to be charged _____ Vendor # _____