

**OAK PARK UNIFIED SCHOOL DISTRICT
MILEAGE REIMBURSEMENT REQUEST
2017**

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

Amount per Mile

\$0.535

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 # _____

Note: January 1, 2017 mileage reimbursement changed to \$0.535 / mile.