DIXON UNIFIED SCHOOL DISTRICT
MILEAGE AND DAY TRAVEL REIMBURSEMENT FORM

Note: Submit to Accounts Payable at least once a month.

Name _____ Month/Year of Travel _____

Home Address _____ ☐ Check here if this is a NEW address

Street City State Zip

Phone Number _____ Primary Site _____ PO#

Date	Day of Week	Origin and Destination - By City or Actual Places Visited (indicate if round trip mileage is claimed)	Purpose for Travel	Total Miles	Misc Expenses (by category: toll, parking, lunch)	Misc Expenses Amount

Total Miles - Total Misc Expenses -

(if applicable) Second Page Total Miles _____

Current IRS Rate

Total Miles - @ 0.58 -

Fund - Resource - Yr - Goal - Function - Object - Site - Responsibility	
	$ -
	$
	$
	$
Total (Must equal Total Reimbursement)	$ -

Total Reimbursement $ -

1) If claiming meals in misc expense you must provide a copy of an agenda or conference flyer.
2) Itemized receipts must be included (except for per diem meals).
3) I hereby certify that I possess a valid California driver's license, and I maintain personal automobile insurance coverage as follows: $100,000/$300,000 for Liability/Bodily Injury, and $50,000 for Liability/Property Damage. *Insurance Certification (Form 32)* with declaration page/proof of insurance is on file in the Business Office.
4) The above is true and correct to the best of my knowledge and belief.

Claimant Signature Date

Approved By Date