

UPLAND UNIFIED SCHOOL DISTRICT
MILEAGE REPORT

Employee: _____

Month of _____, 20 ____

DATE	DESTINATION & PURPOSE	MILEAGE		
		BEG.	END	TOTAL
TOTAL FOR THE MONTH				

Position: _____

Location: _____

I certify that the above are actual and necessary travel expenses incurred for school district purposes and in accordance with Education Code Section No. 13002 of the State of California.

Signature of Applicant Date

Signature of Supervisor Date

Signature of Administrator Date

Assistant Superintendent - Business Services

Budget Number

MILEAGE: # OF MILES _____ X _____ RATE

TOTAL DUE _____