SUTTER COUNTY SUPERINTENDENT OF SCHOOLS MILEAGE EXPENSE CLAIM

NAME (Please SCHOOL SITE:	Print):				
DATE	FROM	ТО	PURPOSE	MILES	
			Total Miles Trav	veled:	

-	x	0.545	=	\$
Total Miles Traveled		Per Mile	-	Total Amount Due

I hereby certify that the above mileage was performed in connectiong with my official duties as an employee of the Sutter County Superintendent of Schools.

Claimant's Signature	Date		
Approved	Title		
Budget Code:	Vendor #:		

Proof of insurance is mandatory for any mileage claim.

Page _____ of _____