

# SUTTER COUNTY SUPERINTENDENT OF SCHOOLS MILEAGE EXPENSE CLAIM

CSSF 003

**NAME** (Please Print): \_\_\_\_\_ **MONTH:** \_\_\_\_\_

**SCHOOL SITE:** \_\_\_\_\_ **PROGRAM:** \_\_\_\_\_

DATE	FROM	TO	PURPOSE	MILES

**Total Miles Traveled:** \_\_\_\_\_

	<b>X</b>	¢	<b>=</b>	
<b>Total Miles Traveled</b>		<b>Per Mile</b>		<b>Total Amount Due</b>

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

\_\_\_\_\_ Claimant's Signature

\_\_\_\_\_ Date

Approved: \_\_\_\_\_

Title: \_\_\_\_\_

<b>Budget Code:</b>	<b>V#:</b>

**Proof of insurance is mandatory for any mileage claim.**