

**EUREKA CITY SCHOOLS  
Monthly Mileage Claim**

Month:                      Year:  
Pay to :  
Address

Date:	Description (from:to) (multiple trips may be listed per day)	Miles:
1	Use <b>starting location: destination</b> format	
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31		
Total Miles		0.00
Rate per mile:		0.540
Total Claim		\$0.00

I hereby certify that this is a true statement of miles traveled for authorized school business during this month.

Please check one:

I prefer to receive my reimbursement \_\_\_monthly \_\_\_quarterly

Employee Signature: \_\_\_\_\_ Supervisor Signature \_\_\_\_\_

Account Code: 01-5817-1-1225-2130-5201-900-0000

\*\*\*\*Mileage Claims are due the last business day of each month\*\*\*\*

\*\*\*\*FAILURE TO FILE CLAIMS MONTHLY MAY RESULT IN YOUR CLAIM BEING DENIED\*\*\*\*

CCR 1370 (f) (g)