East Side Union High School District Mileage Reimbursement Claim Form

	Clearly)												
Name	First Name	Last I	Name					Month _			Year		
Addre	ess:					City			Zip C	Code			
Emplo	oyee ID#:		%	FUND	SITE	COST CENTER	GOAL	FUNCTION	RESOURCE		MANAGE	R OBJECT	
		1.											
		2.											
	Donoutuus			Do	atinati	lon	*0	XX7					
Date	Departure School District Site or non-District Address	S	Destination School District Site or non-I Address				ct o	*OW or Purpo RT		se of Trip		Miles Traveled	
		+											
		1											
		1											
								Total	Miles				
								Milea	ge Rate				
*OW = One Way, RT = Round Trip					Total Reimbursement						nt		
						current IR			. 1				
[certify	Claim forms must be sub y that the above is a true report.	mıtte	ed on	a mon	thly b	asis within	30 days	s of the las	t day of the	e mont	h.		
	, that the above is a due report.												
Employ	yee Signature	D	Date Mileage Reimbursement Form										
		٠	Mileage Reimbursement Form must be completely filled out for processing							g.			
Authorized Administrator's Name (Print)						2023 Mileage Rate: 65.5 cents per mile							
Author	ized Administrator's Signature	D	ate			Please us	se link l	pelow to lo	ocate prev	ious ye	ear mile	eage rate.	
D : 1/2020						https://www.irc.gov/tov.professionals/standard.mileage.rates							