COLUSA COUNTY SUPERINTENDENT OF SCHOOLS
Colusa, California 95932
458-0350

PLEASE PRINT

MILEAGE (AND) (OR) REIMBURSEMENT

NAME

ADDRESS

CITY STATE ZIP

PLEASE CHECK

☐ A. MILEAGE CLAIM

☐ B. REIMBURSEMENT CLAIM

BUDGET

I HEREBY AUTHORIZE AND APPROVE THE PRIVATE CAR MILEAGE AND/OR OTHER EXPENSE CLAIMED HEREON:

DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE

DATE AUTHORIZATION

FD	RESC	YR	OBJ	GOAL	FUNC	SCH	BDRS	TYPE	AMOUNT

DATE REIMBURSEMENTS ONLY (PLEASE ATTACH RECEIPTS) 0.00 0.00

	MILES TRAVELED	PURPOSE (FROM & TO)	MEALS OTHER EXP.	

TOTAL MILES 0.00 @ 0.670 PER MILE

I HEREBY CERTIFY THAT THE MILES TRAVELED AND AMOUNTS CLAIMED FOR MEALS AND OTHER EXPENSES ARE ACTUAL; THAT THEY WERE EXPENDED IN THE PERFORMANCE OF OFFICIAL COUNTY BUSINESS AND THAT NO PRIOR CLAIM HAS BEEN MADE.

TOTAL AMT OF CLAIM 0.00

SIGNATURE OF CLAIMANT DATE