Sonora Union High School District
100 School Street, Sonora CA 95370 || Phone (209) 533-0423 x13 || Fax (209) 532-4513

MILEAGE REIMBURSEMENT CLAIM FORM

Mileage reimbursement rates are established at the beginning of each year in accordance with the current IRS rate at that time.

Name _____ **For the Period of** _____ **to** _____

Date (X/XX/XX)	Destination/Purpose	Miles

Total Miles

I certify that the above claim is a true and accurate account of mileage traveled for the period indicated.

Rate per mile: $ 0.560

TOTAL REIMBURSEMENT $ _____

_____ / _____
Claimant Signature *Date*

Claimant Name:
Mailing Address:

_____ / _____
Department Head Signature *Date*

Account No. _____

For District Office Use Only

Approved for Payment _____ Date _____
Superintendent/Designee's Signature

Revised 1/2/20 dv

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