



Ceres Unified School District EMPLOYEE MILEAGE REIMBURSEMENT FORM

Employee Name	
Title and Site	
Mailing Address	

Vendor #	
Purchase Order #	
Month and Year	

Date	Starting Location	Ending Location	No. of Miles	Reason for Travel

I certify that the above claimed mileage expenses are true and correct and were incurred on official school business as directed by my supervisor.

EMPLOYEE SIGNATURE **DATE**

Total Miles	0.00
Rate per Mile	0.585
Total Reimbursement	\$0.00