Morgan Hill Unified School District
MILEAGE CLAIM FORM

EMPLOYEE INFORMATION						BUDGET ACCOUNT NUMBER	
Name						1	
Address						2	
City		ST		Zip		Mileage for the Month of:	

Date	Departure School District Site or Out-of-District Address	Destination School District Site or Out-of-District Address	OW or RT	Purpose of Trip	Mileage
				Mileage Total	0

Mileage is paid using the current IRS mileage rate.
Claim Forms must be submitted on a monthly basis within 20 days of the last day of the month.

		FOR BUSINESS USE ONLY	
Employee Signature	Date	Total Miles	0
Supervisor Name (Print)	Date	IRS Mileage Rate	$0.58
Supervisor Signature	Date	Total Reimbursement	$0.00