



In Lieu Mileage Report

(Type or print in ink)

Deliver my check to: _____
 Home address if requesting home delivery: _____
 City, State, ZIP _____

Agreed Upon Daily Rate of \$ _____

Name _____

Begin Date _____ through End Date _____ Year _____ Based on IRS Rate \$ _____ for _____ Miles

MILEAGE

Date	From	To	Round Trip (Y or N)	Purpose		Date	From	To	Round Trip (Y or N)	Purpose	
	Home	School		Student Transportation			Home	School		Student Transportation	
	Home	School		Student Transportation			Home	School		Student Transportation	
	Home	School		Student Transportation			Home	School		Student Transportation	
	Home	School		Student Transportation			Home	School		Student Transportation	
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	Home	School		Student Transportation			Home	School		Student Transportation	
	Home	School		Student Transportation			Home	School		Student Transportation	

PARKING AND TOLLS (attach receipts)

Total Days _____ x Agreed Upon Daily Rate = \$ _____

Date	Purpose	Location	Amount
			\$
			\$
			\$

Total Parking and Tolls \$ _____

TOTAL EXPENSE: \$ _____

I (the employee) hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Account Code: _____ -7001 \$ _____

Account Code: _____ -7001 \$ _____

Account Code: _____ -7001 \$ _____

Total: \$ _____

Parent Signature: _____

Date: _____

Budget Authority Signature: _____

Date: _____