		ST.	HELENA UNIFIED SCHOOL DISTRI Daily Mileage Log	СТ		
NAME:		REPORT FOR THE MONTH OF:				
	ADDRESS:	CITY:				
Mileage reirReimbursenEmployees t	he conference/workshop (using an employee': nbursement for travel on a normal workday is nent will not exceed the amount equal to the c craveling to the same conference/workshop are h proof of mileage (ie., Mapquest).	s personal vehicle) is reim calculated from the distri ost of commercial airfare	bursable and paid at the current IRS ract office, the employee's worksite, or to any destination.	ate (www.irs.gov).		
	PURPOSE OF TRAVEL	DESTINATION			PARKING, MEALS AND	
DATE		FROM	TO	FROM	BRIDGE TOLLS (NEED RECEIPTS)	TOTAL MILES
				TOTALS		
				TOTALS		
I HEREBY CERTIFY THAT MILEAGE CLAIMED ABOVE IS DIRECTLY CONNECTED WITH OFFICIAL DUTIES.					,	\$
				(miles)	(per mile amount)	
Employee Signature					Expenses:	\$
					Total Claim:	
Principal or S	upervisor Signature				-	
						\$
District Control						\$
District Approv	al					