FULLERTON JOINT UNION HIGH SCHOOL DISTRICT MILEAGE INVOICE

	DATE			DATE	
NAME		LOCATION & DEPARTMENT			
TITLE	ADM. OR SITE APPROVAL				
BUDGET					
CHARGE	ASS:			SST. SUPT./BUS SVCS.	
* * * PLEASE	LIST EXACT ADDRESS IF (OUT OF DISTRICT LOCATION	ON * * *		
DATE	FROM	DESTINATION	TOTAL MILES	NATURE OF SCHOOL BUSINESS TRANSACTED	
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I hearby certify that the above claim covers travel for official school business and school owned vehicles were not available.

Total Mileage:

0.00

Signature

0.70 (rate per mile)

\$0.00