

# FULLERTON JOINT UNION HIGH SCHOOL DISTRICT

## MILEAGE INVOICE

DATE \_\_\_\_\_

NAME \_\_\_\_\_ LOCATION & DEPARTMENT \_\_\_\_\_

TITLE \_\_\_\_\_ ADM. OR SITE APPROVAL \_\_\_\_\_

BUDGET CHARGE \_\_\_\_\_ ASST. SUPT./BUS SVCS. \_\_\_\_\_

| DATE           | FROM | DESTINATION | TOTAL MILES | NATURE OF SCHOOL BUSINESS TRANSACTED |        |
|----------------|------|-------------|-------------|--------------------------------------|--------|
|                |      |             |             |                                      |        |
|                |      |             |             |                                      |        |
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|                |      |             |             |                                      |        |
|                |      |             |             |                                      |        |
| Total Mileage: |      |             | 0           | 0.655 (rate per mile)                | \$0.00 |

*I hereby certify that the above claim covers travel for official school business and school owned vehicles were not available.*

\_\_\_\_\_ Signature