

# SAN PASQUAL VALLEY UNIFIED SCHOOL DISTRICT

## MONTHLY MILEAGE REPORT

Date \_\_\_\_\_

Name	Site	Month	Year	
Date	Odometer		Specific Purpose, Activity or Location	Miles
	From	To		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

I certify I have a CURRENT State driver's license and CURRENT Liability vehicle insurance (Please initial). \_\_\_\_\_

\_\_\_\_\_ miles @ \_\_\_\_\_ ¢ per mile = \$ \_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature

Approved \_\_\_\_\_

FD      RE      PY      GO      FN      OB      SI