

Redlands Unified School District
DISTRICT MILEAGE REPORT

Only ORIGINAL signed forms will be used for reimbursement.

Name: _____ Site: _____ Date: _____

Date	Destination	Address (if not district site)	Zip Code	Purpose	Miles

Note: All District Mileage Reports will be returned if the Account Number Section is not filled out. **Total Miles**

Amount	Funding Source - Account Numbers							
	FS	RES	YR	GOAL	FUNC	OBJECT	LOC	MGMT
						5201		
						5201		
						5201		
						5201		
Total Amount Due								

I certify that the above are actual and necessary travel expenses incurred in accordance with the provisions of the Education Code for school business.

Signature: _____

Approved: _____ Immediate Supervisor

Approved: _____ Accounting Supervisor