Reset

CAPISTRANO UNIFIED SCHOOL DISTRICT

MILEAGE REPORT

Name of Claimant _____ Vehicle License No. _____

For period of: _____ Dept./Site _____

DATE	DESTINATION FROM	TO	NO. MILES	NATURE OF SCHOOL BUSINESS TRANSACTED
		TOTAL MILES	0	X 0.625 /MILE = $ 0.00

I certify the above mileage was actual and necessary in connection with my employment with the Capistrano Unified School District

ACCOUNT # _____

_____

Claimant's Signature Date

Principal/Department Head Date

Instructional Operations Date

Supervisor, Accounting Date

Use the district mileage chart to determine miles, linked below:

https://mycusd.capousd.org/FormsList/download.ashx?FormAID=917

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(rev.8/21)