El Monte Union High School District MILEAGE COMPENSATION REPORT

Date:		_			
Mileage Compensation Submitted By:			Please Print Name		
For the Month of			authorized	by the Distric	t e e e e e e e e e e e e e e e e e e e
Total Mileage: @ 0.575 pe			r mile = \$		-
I certified that the	he mileage subi	mitted is true and	accurate acc	ount of miles	incurred.
Employee Signature			-	Approval Si	gnature - Principal/Department Head
DESTINATION]		
DATE	FROM	то	MILES	Round Trips? Y or N	PURPOSE
		+			
		Total Miles			

Mileage compensation reimbursement must be submitted through the District Requisition process or through Petty Cash process ONLY if less than \$25.