DRIVER: Please complete and submit to Faculty Advisor indicated on purchase order following return date of field trip.

Chico Unified School District
Pleasant Valley High A.S.B.
1475 East Avenue
Chico, CA 95926

Mileage Claim Form

Please Print.

Name_____

Address_____

City State Zip_____

Phone_____

Date(s) of Trip_____

Destination_____

Purpose of Trip_____

Mileage: _____ miles x 0.50 per mile $ 0.00

* Mileage rate is .50/per mile as of Jan 2010.

I certify that the mileage indicated above is true and accurate.

_____
Driver's Signature Date

Office Use:
Purchase Order # _____
Account to Charge: _____
Signature of Account Advisor **Date**