VINELAND SCHOOL DISTRICT

MILEAGE CLAIM FOR USE OF PRIVATE CAR

Claimant_____ Position_____

For the Month of_____ **Yr.**_____ Vineland School District

Date	Where Traveled	Speedometer Start of Day	Reading End of Day	Total Miles

Total Mileage_____ @ **$ .58** $_____

I hereby certify that the above is a true record of actual and necessary mileage by automobile covered by me in the performance of duties as directed by the governing board of the Vineland School District.

Supervisor's Approval:_____ Signature:_____

Administrative Approval:_____ Account Classification:_____