MILEAGE REIMBURSEMENT CHECKLIST

1. MILEAGE REIMBURSEMENT FORM COMPLETELY FILLED OUT.
2. ALL APPROVAL SIGNATURES
3. INSURANCE FORM FILLED OUT WITH PROOF OF INSURANCE ON FILE WITH THE BUSINESS OFFICE.
4. A COPY OF DRIVERS LICENSE
5. DATES OF MILEAGE REIMBURSEMENTS SHOULD CORESPOND WITH INSURANCE EFFECTIVE DATES.
6. MAP QUEST IS REQUIRED IF MILEAGE IS NOT TO SCHOOL SITES OR TO SCOE.
7. BRIDGE TOLL RECEIPTS ARE REQUIRED TO BE REIMBURSED.
8. PARKING RECEIPTS ARE REQUIRED TO BE REIMBURSED.
9. IF ATTENDING A CONFERENCE YOU NEED DOCUMENTATION THAT YOU WERE THERE.
    - AGENDA
    - ANY DOCUMENTATION THAT HAS INFORMATION ABOUT THE CONFERENCE THAT YOU ATTENDED
    - CONFIRMATION FROM THE CONFERENCE

Mileage Table

One-way distances from Dixon Unified School District Office to SCOE and DUSD School Sites:

	DUSD	SCOE	Anderson	Gretchen	Tremont	Silvey-vey-ville	CA Jacobs	Dixon High	Maine Prairie	
DUSD	0	25.25	.41	1.42	1.42	.75	.94	1.84	.34	
SCOE	25.25	0	25.69	25.85	24.68	25.00	24.63	26.95	25.61	
Anderson	.41	25.69	0	1.44	1.71	1.04	1.23	2.25	.07	
Gretchen	1.42	25.85	1.44	0	1.66	1.02	1.37	3.25	1.36	
Tremont	1.42	24.68	1.71	1.66	0	1.03	.55	3.26	1.64	
Silveyville	.75	25.00	1.04	1.02	1.03	0	.36	2.31	.96	
CA Jacobs	.94	24.63	1.23	1.37	.55	.36	0	2.77	1.08	
Dixon High	1.84	26.95	2.25	3.25	3.26	2.31	2.77	0	2.18	
Maine Prairie	.34	25.61	.07	1.36	1.64	.96	1.08	2.18	0	
Other										

DIXON UNIFIED SCHOOL DISTRICT
MILEAGE AND DAY TRAVEL REIMBURSEMENT FORM

Note: Submit to Accounts Payable at least once a month.

Name _____ Month/Year of Travel _____

Home Address _____ ☐ Check here if this is a NEW address
Street City State Zip

Phone Number _____ Primary Site _____ PO#

Date	Day of Week	Origin and Destination - By City or Actual Places Visited (indicate if round trip mileage is claimed)	Purpose for Travel	Total Miles	Misc Expenses (by category: toll, parking, lunch)	Misc Expenses Amount

Total Miles _____ - _____ Total Misc Expenses _____ - _____
(if applicable) Second Page Total Miles _____

Current IRS Rate
Total Miles _____ - _____ @ .54 mile _____

Fund - Resource - Yr - Goal - Function - Object - Site - Responsibility	
	$ -
	$
	$
	$
Total (Must equal Total Reimbursement)	$ -

Total Reimbursement $ _____ - _____

1) If claiming meals in misc expense you must provide a copy of an agenda or conference flyer.
2) Itemized receipts must be included (except for per diem meals).
3) I hereby certify that I possess a valid California driver's license, and I maintain personal automobile insurance coverage as follows: $100,000/$300,000 for Liability/Bodily Injury, and $50,000 for Liability/Property Damage. *Insurance Certification (Form 32)* with declaration page/proof of insurance is on file in the Business Office.
4) The above is true and correct to the best of my knowledge and belief.

_____ Claimant Signature _____ Date

_____ Approved By _____ Date