MILEAGE LOG -- Berkeley Unified School District

Name	Position Title	School/Department

INSTRUCTIONS:

1. **Use this form for trips where only mileage, tolls and/or parking reimbursement is requested. For other travel use the BUSD Travel Request Form.**
2. **Submit this form to Accounts Payable Section when total exceeds $50 or prior to June 20th of each Fiscal Year.**

Date	Parking	Tolls	Total Miles	From:	To:
TOTALS					

Traveler's Signature: **Date:**

Approved: Budget Manager's Signature: **Date:**

AMOUNT TO PAY

Parking $_____

Tolls $_____

Miles ____ **$ 0.57.5** $_____
1/1/2020 to 12/31/2020

TOTAL $_____

ACCOUNT CODE

Fund	Resource	Location	Year	Budget Manage	Object	Goal	Function	District Def