# 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: |
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| **TOTALS** | | | | | |

**Traveler's Signature:**

_____

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

**Date:**

_____

**Date:**

**AMOUNT TO PAY**

**Parking** $_____

**Tolls** $ _____

**Miles** _____ **62.5** $_____

**7/1/2022 to 12/31/2022**

**TOTAL** $_____

## ACCOUNT CODE

| Fund | Resource | Location | Year | Budget Manage | Object | Goal | Function | District Def |
|---|---|---|---|---|---|---|---|---|
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