

MILEAGE LOG -- Berkeley Unified School District

Name	Position Title	School/Department
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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: _____	AMOUNT TO PAY
Approved: Budget Manager's Signature: _____	Date: _____	Parking \$ _____ Tolls \$ _____ Miles 65.5 \$ _____ 7/1/2023 to 12/31/2023 TOTAL \$ _____

ACCOUNT CODE											
Fund	Resource	Location	Year	Budget Manage	Object	Goal	Function	District Def			