

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: <hr style="border: 0; border-top: 1px solid black;"/> Approved: Budget Manager's Signature:	Date: <hr style="border: 0; border-top: 1px solid black;"/> Date:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">AMOUNT TO PAY</td> </tr> <tr> <td>Parking</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Tolls</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Miles</td> <td style="text-align: right;">.70 \$ _____</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	AMOUNT TO PAY		Parking	\$ _____	Tolls	\$ _____	Miles	.70 \$ _____	TOTAL	\$ _____
AMOUNT TO PAY												
Parking	\$ _____											
Tolls	\$ _____											
Miles	.70 \$ _____											
TOTAL	\$ _____											

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