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:

Approved: Budget Manager's Signature:

Date:

Date:

AMOUNT TO PAY

Parking $_____

Tolls $ _____

Miles _____ $ 72.5 $_____

1/1/2026 to 12/31/2026

TOTAL $_____

ACCOUNT CODE

Fund	Resource	Location	Year	Budget Manage	Object	Goal	Function	District Def

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