Print

CALAVERAS UNIFIED SCHOOL DISTRICT

P.O. Box 788
San Andreas, CA 95249

REIMBURSEMENT CLAIM

Vendor # _____ School/Department _____ Date _____

Claimant's Name _____

Address _____

City _____ State _____ Zip _____

Date	Destination, Supplies, Etc.	Purpose	Miles	Amount
		Subtotal of Amount Column		$0.00
	Total Miles 0	**Current IRS Mileage Rate @**	**.54**	$0.00
			Total	$0.00

Signature of Claimant _____ Date _____

Signature of Supervisor _____ Date _____

Charge to: _____

Updated 02/4/2016