

Sutter County Superintendent of Schools
REMOTE SITE ONE-WAY MILEAGE EXPENSE CLAIM

NAME: _____ MONTH: _____

SCHOOL SITE: _____ PROGRAM: _____

*	DATE	FROM	TO	PURPOSE	MILES
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* Please check the box only if the mileage represents remote worksite one-way travel in accordance with Article 23, Section E of the Sutter County Superintendent of Schools Staff Association Agreement and Article 10 of the CSEA Agreement. Per IRS rules and regulations, reimbursement for this type of travel represents "commuting" mileage and is therefore taxable to the recipient.

Total Miles This Page: _____

I hereby certify that the above mileage was performed in connection with my official duties as an employee of the Sutter County Superintendent of Schools.

Times per mile rate of: _____

Total Amount Due: _____

Claimant's Signature

Date

Approved By

Title

Budget Code: V#:

Proof of insurance is mandatory for any mileage claim.