El Monte Union High School District
MILEAGE COMPENSATION REPORT

Date: _____

Mileage Compensation Submitted By: _____
Please Print Name

For the Month of _____ authorized by the District

Total Mileage: 0.0 @ 0.70 per mile = **$** 0.00

I certified that the mileage submitted is true and accurate account of miles incurred.

_____ _____
Employee Signature **Approval Signature - Principal/Department Head**

	DESTINATION				
DATE	FROM	TO	MILES	Round Trips? **Y** or **N**	PURPOSE
		Total Miles	0.0		

Mileage compensation reimbursement must be submitted through the District Requisition process or through Petty Cash process ONLY if less than $25.