Clear Form

Escondido Union High School District
Mileage Claim

Note: Use of this form should only be used when travel does not warrant a Travel Conference Authorization & Claim form.

Employee Legal Name (please print): _____

Account Line: _____ FUND (4) - RESOURCE (7) - GOAL (4) - FUNCTION (4) - OBJECT (7) - SITE (3) - OPERATING UNIT (3) _____

Date	Departed From	Destination	Returned To	Purpose	Miles Traveled

***Please attach Google maps or similar for non-EUHSD mileage locations.**

Total Miles: **0.00** Mileage rate: $ **0.5600** Total Claim: **0.00**

I certify this is an accurate statement of mileage on authorized EUHSD business and liability insurance was in force protecting EUHSD and governing board members.

Claimant Signature Site Date

Finance Clerk Signature Site Date

Principal Signature Site Date

Director, Categorical Signature Site Date

EUHSD District Distances

FROM	TO	Adult Ed	DLA	DSC	EHS	OGHS	SPHS	VHS	SDCOE
	Adult Ed	0.00	4.70	3.00	1.30	4.10	7.60	4.30	28.90
	DLA	4.70	0.00	5.20	4.20	6.80	5.80	6.90	27.70
	DSC	3.00	5.20	0.00	3.40	1.50	4.50	1.60	28.60
	EHS	1.30	4.20	3.40	0.00	4.60	7.80	3.90	29.50
	OGHS	4.10	6.80	1.50	4.60	0.00	4.10	1.90	29.40
	SPHS	7.60	5.80	4.50	7.80	4.10	0.00	5.80	24.00
	VHS	4.30	6.90	1.60	3.90	1.90	5.80	0.00	29.70
	SDCOE	28.90	27.70	28.60	29.50	29.40	24.00	29.70	0.00

FINANCE USE ONLY

Finance Approval Date

Batch#: _____

Total Amount

$ _____