

RIVERSIDE COUNTY 23RD DISTRICT PTA
3939 Thirteenth Street, Riverside, CA. 92502
(951) 826-6822

MILEAGE EXPENSE CLAIM

(Claims must be submitted within 60 days)

Name _____

Date Submitted _____

Month & Year _____

Position _____

Date	From	To	Total Miles	Budget Line Item to Charge Expense to:	Purpose

Total Miles _____ x \$.45 = \$ _____

I certify that the mileage listed was necessary to perform my duties as assigned and that I currently have the minimum automobile liability insurance coverage required by California Law.

Signature of Volunteer