

## MILEAGE EXPENSE CLAIM

(Claims must be submitted within 60 days)

Name \_\_\_\_\_

Date Submitted \_\_\_\_\_

Month & Year \_\_\_\_\_

Position \_\_\_\_\_

| Date                 | From | To | Total Miles | Budget Line Item<br>to Charge<br>Expense to: | Purpose |
|----------------------|------|----|-------------|--|---------|
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|                      |      |    |             |  |         |
| Total Reimbursement: |      |    | 0           | X \$.35 =                                    | 0       |

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

\_\_\_\_\_  
 Signature of President, Vice President or Director