acct use only:
vendor #
voucher #

SANGER UNIFIED SCHOOL DISTRICT
MILEAGE RECORD

For: _____ **Date:** _____
Employee's Name **Month & Year**

Do you have a new address? Yes or No
If yes, please provide new address:

School:_____ **Hallmark Charter School - Home Visits**

Date	Odometer Read.		Purpose of Mileage and Destination	Mileage

FUNDING: 0900-0000-0-1110-1000-520002-013-0000

Total Mileage _____

Director's Signature _____ ***EFFECTIVE 01/01/09*** **@ $ 0.55**

Employee Signature _____ **Total Amount $** _____