



**COLTON-REDLANDS-YUCAIPA ROP**



**MILEAGE REIMBURSEMENT CLAIM FORM**  
(Use of Private Vehicle for Official Business)

NAME: \_\_\_\_\_ MONTH/YR \_\_\_\_\_

DEPARTMENT/CLASS: \_\_\_\_\_

TRAVEL DATE	MILEAGE	ROUND TRIP Y/N	FROM	TO	PURPOSE
<b>TOTAL MILEAGE:</b>		<b>TIMES</b>	<b>\$.535/MILE = \$ _____</b>		

**CRY-ROP MILEAGE REIMBURSEMENT POLICY:** Mileage shall begin and/or end at the employee's regular place of work or from the employee's home, whichever is the shorter distance. Mileage shall not be paid for home-to-school/office travel. Employees who work at two or more sites shall be paid mileage from the first site assigned to the last site assigned. If a group of ROP employees travels together in the personal vehicle of one employee, the Board approved rate shall be allowed to the owner of that vehicle only for the travel expenses of the group. All mileage claims shall be submitted on a monthly basis. Claims for mileage not submitted to the Business Office within the above timeline may be rejected and not processed for payment.

**INDIVIDUAL CERTIFICATION:** I certify that the above claim is for actual and necessary travel expenses incurred in accordance with the provisions of the Education Code for School Business. I also certify that I possess a valid drivers license and carry the state required level of liability insurance. I understand the deadline for submission of this claim is the 15th of each month following the month of claim.

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

**DEPARTMENT VERIFICATION:** I hereby verify the above-named employee was directed to use his/her personal car in the support of CRY-ROP activities and should be reimbursed for same.

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

**BUSINESS DEPARTMENT:** \_\_\_\_\_/\_\_\_\_\_  
Director of Business Date Processing Clerk Date

**FEDERAL PROGRAMS ONLY**

Coding \_\_\_\_\_ Rate \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
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