LOS ANGELES UNIFIED SCHOOL DISTRICT

DAILY MILEAGE STATEMENT
FOR PRIVATELY-OWNED CARS

Employee No.:	Employee Name:	Pay Period: Status: Class Code:
Location Code:	Location Name:	
Program Code:	Fund:	
Round Trip Mileage – Home to Office	**NOTE: Total mileage claimed per day must be reduced by mileage "From" Home "To" Office and/or Office "To" Home**	

*LIST BELOW DAILY TERMINAL POINTS FOR **BUSINESS MILEAGE ONLY***

Date	Nature of Work	FROM	TO	Total Mileage
			Total Miles:	

I certify that the mileage shown is School Business Mileage, as defined in Board Rule 1532, and approve for payment.

Employee Signature:	Principal, Section Head or Administrator:
Date:	Date: