

LOS ANGELES UNIFIED SCHOOL DISTRICT

DAILY MILEAGE STATEMENT

90 209				OWNED CARS	Pay Period:		
		Employee Name:			Status:	Status:	
Employe	ee No.:				Class Code:	Class Code:	
Location Code: Location Name:					1		
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 BELO	W DAILY TERMINAL	POINTS	FOR BUSINESS MII	LEAGE ONLY		
Date	N	ature of Work		FROM	ТО	Total Mileage	
					Total Miles:		
I certify t	hat the mileage shown	is School Business Mileag	ge, as defi	ned in Board Rule 1532, an		nt.	
Employee			Principal, Section Head,				
Signature:			or Administrator:				
Date:			Date:				