

**FREMONT UNIFIED SCHOOL DISTRICT  
ITEMIZED STATEMENT OF MILEAGE AND RELATED EXPENSES**

(Please use Form W26-0336 for Reimbursement of Conference, Meeting & Workshop Expenses)

**INSTRUCTIONS:**

- Original itemized receipts are required for all claims except BART & AC Transit.
- Use the distance that is lesser: home to destination or office to destination. On weekends and holidays, the distance is home to destination.
- If employees travel together in a private vehicle, only the owner may claim mileage reimbursement.
- Forms must be filled out completely to receive reimbursement. Other supporting documents i.e., individual site/department forms, may be used and attached to the completed form.
- Requests for mileage reimbursement must be submitted monthly at the end of each month. Please check the district website under Staff and Teacher Link/Accounting for the current IRS approved mileage rate.

**FOR THE MONTH OF:** \_\_\_\_\_

DATE	FROM	TO	MILES	REASON FOR MILEAGE	DESCRIPTION OF RELATED EXPENSES i.e. Tolls/Parking	AMOUNT

**I hereby certify that the above is a correct and true statement of the actual and necessary expenses incurred by me in the performance of district duties.**

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE                      DATE                      EMPLOYEE'S NAME / ID#                      SCHOOL/DEPARTMENT

ACCOUNT CODE: \_\_\_\_\_                      TOTAL MILES \_\_\_\_\_ X APPROVED RATE \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_                      RELATED EXPENSES                      \$ \_\_\_\_\_  
 \_\_\_\_\_                      TOTAL REQUESTED REIMBURSEMENT                      \$ \_\_\_\_\_

APPROVED: \_\_\_\_\_  
**Program Manager/Supervisor**