Vista Unified School District

CLAIM FOR REIMBURSEMENT FOR USE OF PRIVATE CONVEYANCE

PAGE _____ of _____

NAME _____ VENDOR #_____ SITE _____

HOME ADDRESS - If New, Check Box [ ] SEND WARRANT TO: HOME [ ] SITE [ ]

_____ DATE OF CLAIM _____

_____ VEHICLE LIC. # _____

ACCOUNT # _____

DATE	FROM	TO	MILES CLAIMED	PURPOSE

TOTAL MILES THIS PAGE _____ @ _____ = _____

TOTAL MILES ALL PAGES _____ @ _____ = _____

THE UNDERSIGNED, UPON THE PENALTY OF PERJURY STATES: that the above claim and the items as therein set out are true and correct; that no part thereof has been heretofore paid, that the amount therein is justly due.

SIGNED _____ CLAIMANT

APPROVED _____ SUPERVISOR

APPROVAL

I HEREBY CERTIFY that the services specified in the above claim were ordered by me and this claim has my approval.

_____

Superintendent/Designee

Instructions

1. Must be filled out completely.
2. Submit to supervisor for approval.
3. Send to Accounting.
4. Submit by due dates.

PERIOD OF CLAIM	DUE DATE *
JULY, AUG, SEPT	OCT 15
OCT, NOV, DEC	JAN 15
JAN, FEB, MAR	APRIL 15
APRIL, MAY	JUNE 15
JUNE	JUNE 30 (FIRM)

*** NO CLAIMS ACCEPTED IN ACCOUNTING AFTER DUE DATE.**