

SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION

3350 Education Drive, San Luis Obispo, CA 93405

Vendor Number

Claim - Mileage

All claims must be submitted no later than 30 days after the end of the month which the expense occurred.

Month/Year: _____ Name: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Work Location: _____ Phone Number: _____ Ext. _____

Day	Purpose of Travel	Miles
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

Fiscal Use Only

Mileage Rate Effective Jul. 1, 2026: 76.0 Cents/Mile

Total Miles

Total Amount

Budget Code: _____ Amount _____

Budget Code: _____ Amount _____

Budget Code: _____ Amount _____

Certificate of Claimant

I hereby certify that the above is a true statement of expenses incurred by me while on official business for the San Luis Obispo County Superintendent of Schools.

Approved and Ordered Paid

Signature _____ Date _____ Signature _____ Date _____

Clear Form

Save Form

(Form updated 07/28/2026)