| Portland Pu                  | blic Schools  |                 |                          |                                     | FOR THE MONTH OF:                 |  |  |  |  |
|------------------------------|---|-----------------|--------------------------|-------------------------------------|-----------------------------------|--|--|--|--|
| Local Milea                  | ge Reimbursement                                      | Request         | 2021                     |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
| Date                         | From  | То              | Miles                    |                                     | Business Purpose (Required)       |  |  |  |  |
| Duto                         | 110111  |                 |                          |                                     | Duomoco i arpoco (requirea)       |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
| In consideration             | n of auto mileage reimbur                             | sement by the   | 0.00                     | Total N                             | Mileage                           |  |  |  |  |
| District, I agree            | to indemnify the District                             | for any and all |                          |                                     |                                   |  |  |  |  |
|                              | and/or expenditures of th                             |                 | Ţ 0.000                  | KING/TOLL COSTS (RECEIPTS REQUIRED) |                                   |  |  |  |  |
| (including attorn            | ney's fees" which may ari                             | se from my      | \$ - TOTAL DUE TO DRIVER |                                     |                                   |  |  |  |  |
|                              | e failure to comply with thics and regulations of the |                 | <u> </u>                 | ]                                   | LE BOL TO BINIVER                 |  |  |  |  |
|                              | te automobile usage.                                  | District        |                          |                                     |                                   |  |  |  |  |
| rolating to priva            | io aatomobilo acago.                                  |                 |                          |                                     |                                   |  |  |  |  |
| I certify this mile          | eage is not for overnight                             | travel.         |                          |                                     |                                   |  |  |  |  |
|                              |   |                 | obile mileage on sch     | ool busi                            | siness for the month cited above. |  |  |  |  |
| <b>Driver's Printe</b>       | d Name  | Driver'         | s Employee I.D. #/ I     | Dept                                |                                   |  |  |  |  |
|                              |   |                 |                          |                                     | 7                                 |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
| Signature of Driver Date     |   |                 |                          |                                     | 7                                 |  |  |  |  |
|                              |   |                 |                          |                                     | 7                                 |  |  |  |  |
|                              |   |                 |                          |                                     |                                   |  |  |  |  |
| Budget Holder's Printed Name |   |                 |                          |                                     | 7                                 |  |  |  |  |

## **Account Code**

Authorization Signature

| FUND | FUNCTION<br>(Program) | OBJECT (Account) | SITE LOC | AREA<br>(Class) | PROJ | DEPT | DIST AMT |
|------|-----------------------|------------------|----------|-----------------|------|------|----------|
|      |                       |                  |          |                 |      |      |          |
|      |                       |                  |          |                 |      |      |          |

Date