Print Form

Clear Form

Chaffey College

Mileage Reimbursement Monthly Expense Form

Local travel, which does not require a Travel & Conference form, is exclusively travel within 75 miles of the district and involves only mileage compensation.

Name: _____ Month/Year: _____

Employee ID: _____ Date Submitted: _____

Department: _____

DATE	CITY/LOCATION		PURPOSE	ROUNDTRIP (Yes or No)	MILEAGE
	FROM	TO			

Travel expense authorized by the Governing Board under authority of applicable Education Code Section 87032 and Govt. Code 1223.

"I certify that the above are actual and necessary travel expenses incurred for school district purposes and in accordance with the Education and Govern men t codes of the State of California."

Auto Insurance Company: _____

(Complete if personal vehicle is used for transportation, and attach copy of insurance card)

Employee Signature:

Manager Approval: **Date:**

Total Mileage:	0
Current Rate Per Mile:	$0.625
Total Cost:	$0.00
Budget Code:	

Please check one:

- ☐ Please call me when my reimbursement check is ready at: _____
- ☐ Mail my check to my department: _____
- ☐ Mail my check to my home

SUBMIT FORM TO ACCOUNTING SERVICES