LOS ANGELES COMMUNITY COLLEGE DISTRICT MILEAGE EXPENSE CLAIM

|  |  |  |
| --- | --- | --- |
|  | **FOR MONTH(S) OF:** |  |
| If mileage claim for month is less than $10.00 hold and submit with  next monthly claim. Claim conference mileage on travel expense claim. | **SUBMIT ONE (1) CLAIM ONLY FOR ANY MONTH(S).** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | Terminal Points  **FROM TO** | | ✓ for  round trip | **PURPOSE** | | **MILES**  **CLAIMED** | **PARKING**  **FEE** |
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|  |  |  |  |  | |  |  |
| If more than one sheet is used - detach on above line; (except last sheet) | | | | | **\*TOTAL** | 0.00 | **\***0.00 |

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| --- |
| I certify that the above are the actual necessary number of miles I have driven my automobile on Community College business and that the mileage claimed is in accordance with Board Rules. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | |  | |
| Signature |  | | Date | |
|  |  | |  | |
| Name - Type or Print as on pay warrant |  | | Employee No. | |
|  |  | |  | |
|  |  | |  | |
| Position Title |  | | Campus or Division | |
|  |  |  | |  |
| Distance from home to Assigned Location: |  |  | | Miles |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Fund approval and encumbrance:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **FOR OFFICE USE** | |
| Document Number | | | | | | |
|  |  | 584100 |  |  | |  |
| BA | Fund Ctr/ WBS | G/L | Fund |  | | Amount |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  CFA Signature Date | | | | | | |

Disbursements - Revised 8/2011

|  |  |  |  |
| --- | --- | --- | --- |
| **AMOUNT CLAIMED** | | | |
|  | **NUMBER** | **RATE** | **AMOUNT** |
| \*TOTAL MILEAGE |  | **.555** | **$****0.00** |
| **\*\*TOTAL PARKING FEE** | | |  |
| **TOTAL AMOUNT CLAIMED**  **$** | | | 0.00 |

Approved for payment:

|  |
| --- |
| Name       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title |