

SAN DIEGO MIRAMAR COLLEGE

1044 Black Mountain Road, San Diego, CA 92126-2999

MONTHLY REQUEST FOR MILEAGE REIMBURSEMENT FOR USE OF PRIVATELY OWNED CARS

(See SDCCD AP 6310.2 for Authority)

Name:

First

M.I.

Last

(Please Print)

Department:

Employee ID:

Campus/Site:

Telephone #:

After completed, this form needs to be approved by your supervisor and then added as an attachment to your Expense Report in PeopleSoft. This request for mileage reimbursement may **not** include travel outside San Diego County.

| Date MM/DD/YY | Destination | | Business Purpose | No. of Miles |
|------------------|-------------|----|------------------|-----------------|
| | FROM | TO | | |
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Total Number of Miles

Mileage for Month Ending

Times Standard 2021 Mileage Rate/Mile

Total Amount Claimed for Reimbursement

I hereby certify that I incurred the above mileage in the performance of my official duties, that the information given is true and correct, that no part of the travel was performed outside San Diego County; and I hereby present my claim for reimbursement.

Employee's Signature _____

Date _____

Approver's Signature _____

Date _____

Approver's Name _____

Date _____

| Budget Information | Fund | Dept. | Activity | Account | Amount | Description |
|-----------------------|------|-------|----------|---------|--------|-----------------------|
| | | | | | | Mileage Reimbursement |
| | | | | | | Mileage Reimbursement |