## SAN DIEGO MIRAMAR COLLEGE

10440 Black Mountain Road, San Diego, CA 92126

MONTHLY REQUEST FOR MILEAGE REIMBURSEMENT FOR USE OF PRIVATELY OWNED CARS

## (See SDCCD AP 6310.2 for Authority)

Name:				
	First	M.I. L	Last	(Please Print)
Departm	ent:	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	Destination		Dusiness Dumpers	No. of
MM/DD/YY	FROM	то	Business Purpose	Miles
				1
		I	Total Number of Mi	<u> </u>

**Mileage for Month Ending** 

Total Number of Miles:

Times Standard 2025 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	Fund	Dept.	Activity	Account	Amount	Description
Information						Mileage Reimbursement
						Mileage Reimbursement

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