

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.

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		

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 Information	Fund	Dept.	Activity	Account	Amount	Description
						Mileage Reimbursement
						Mileage Reimbursement

Page _____ of _____