

# DESERT COMMUNITY COLLEGE DISTRICT

## Mileage Record and Reimbursement Claim

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Account # \_\_\_\_\_

Date	Destination	Odometer Start	Odometer End	Total Mileage	Allowed Rate	Total Due

I hereby certify that above mileage travel expenditures were actually and necessarily incurred in the performance of my duty, and claim reimbursement as itemized and the vehicle utilized is insured at the level required by board policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_

Date \_\_\_\_\_