# DESERT COMMUNITY COLLEGE DISTRICT

Mileage Record and Reimbursement Claim

Name: _____ Position _____

Account # _____

| Date | Destination | Odometer Start | Odometer End | Total Mileage | Allowed Rate | Total Due |
|---|---|---|---|---|---|---|
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | .625 | 0.000 |
| | | | | | TOTAL | 0.00 |

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 _____