

DESERT COMMUNITY COLLEGE DISTRICT

Mileage Record and Reimbursement Claim

Name: _____

Position _____

Account # _____

Supervisor _____

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 _____