LOS ANGELES COMMUNITY COLLEGE DISTRICT MILEAGE EXPENSE CLAIM

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|  | **FOR MONTH(S) OF:** |  |
| If mileage claim for month is less than $10.00 hold and submit withnext monthly claim. Claim conference mileage on travel expense claim. | **SUBMIT ONE (1) CLAIM ONLY FOR ANY MONTH(S).**  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | Terminal Points **FROM TO** | ✓ for round trip | **PURPOSE** | **MILES****CLAIMED** | **PARKING****FEE** |
|       |       |       | **[ ]**  |       |       |      |
|       |       |       | **[ ]**  |       |       |      |
|       |       |       | **[ ]**  |       |       |      |
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|       |       |       | **[ ]**  |       |       |      |
|       |       |       | **[ ]**  |       |       |      |
| If more than one sheet is used - detach on above line; (except last sheet) | **\*TOTAL** | 0.00  | **\***0.00 |

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|  I certify that the above are the actual necessary number of miles I have driven my automobile on Community College business and that the mileage claimed is in accordance with Board Rules. |

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Signature |  | Date |
|       |  |       |
| Name - Type or Print as on pay warrant |  | Employee No. |
|  |  |  |
|       |  |       |
| Position Title |  | Campus or Division |
|  |  |  |  |
| Distance from home to Assigned Location:  |  |     | Miles |

|  |  |
| --- | --- |
| Fund approval and encumbrance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **FOR OFFICE USE** |
| Document Number |
|      |       | 584100 |       |  |       |
| BA | Fund Ctr/ WBS | G/L | Fund |  | Amount |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_CFA Signature Date |

Disbursements - Revised 8/2011

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| --- |
| **AMOUNT CLAIMED** |
|  | **NUMBER** | **RATE** | **AMOUNT** |
| \*TOTAL MILEAGE |       | **.555** | **$****0.00** |
| **\*\*TOTAL PARKING FEE** |  |
| **TOTAL AMOUNT CLAIMED****$** | 0.00 |

Approved for payment:

|  |
| --- |
| Name       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title       |