

San Diego Community College District

3375 Camino del Rio South, San Diego, CA 92108-3883

Payee ID:

MONTHLY REQUEST FOR MILEAGE REFUND FOR USE OF PRIVATELY OWNED CARS

(See Education Code Section 44033 for Authority)

Name:

First M.I. Last (Please Print)

Department: Colleague ID:

Campus/Site: Phone:

DO NOT USE THIS SPACE

Send the top copy with appropriate signatures to Accounts Payable, District Business Services Office or to your Campus Administrative Office. Keep the second copy for your records. This request should not include travel outside San Diego County. Attach receipts when claiming parking, tolls, etc.

Date MM/DD/YY	Destination		Business Purpose	No. of Miles	Parking, Tolls, etc.
	From	To			

Total Number of Miles	<input type="text"/>	
Times Standard Mileage Rate/Mile	<input type="text"/>	
Total Mileage/Total Parking, Toll etc.	<input type="text"/>	
Total Amount Claimed for Refund ----->	<input type="text"/>	

Mileage for Month Ending:

I hereby certify that I incurred the above mileage and related expenses 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 refund.

Employee's Signature _____

Date _____

Approval Signature _____

Date _____

Approver's Name _____

Position _____

Invoice Number	Fund	DTL. Fund	Cost Ctr.	Program	Object	Amount	Description/Comment