Print Form

San Diego Community College District

Payee ID:

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

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)

DO NOT USE THIS SPACE

Department: **Colleague ID:**

Campus/Site: **Phone:**

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** From	To	**Business Purpose**	**No. of Miles**	**Parking, Tolls, etc.**

Total Number of Miles

Times Standard Mileage Rate/Mile

Mileage for Month Ending:

Total Mileage/Total Parking, Toll etc.

Total Amount Claimed for Refund --------------------------->

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

Total Amount

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