

LOS ANGELES COMMUNITY COLLEGE DISTRICT MILEAGE EXPENSE CLAIM

FOR MONTH(S) OF: _____

If mileage claim for month is less than \$10.00 hold and submit with next monthly claim. Claim conference mileage on travel expense claim.

SUBMIT ONE (1) CLAIM ONLY FOR ANY MONTH(S).

| DATE | FROM | Terminal Points TO | ✓ for round trip | PURPOSE | MILES CLAIMED | PARKING FEE |
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| *TOTAL | | | | | | * |

If more than one sheet is used - detach on above line; (except last sheet)

Disbursements - Revised 1/2013

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 | |

| AMOUNT CLAIMED | | | |
|----------------------|--------|------|--------|
| | NUMBER | RATE | AMOUNT |
| *TOTAL MILEAGE | | .54 | \$ |
| **TOTAL PARKING FEE | | | |
| TOTAL AMOUNT CLAIMED | | | \$ |

Approved for payment:

Name _____
Title _____

