

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	Terminal Points		✓ for round trip	PURPOSE	MILES CLAIMED	PARKING FEE
	FROM	TO				
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
					*TOTAL	**

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

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.

**Receipts required for all parking fees claimed.

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		.58	\$
		**TOTAL PARKING FEE	
TOTAL AMOUNT CLAIMED \$			

Name: _____
Dept. Chair (sign)

Name: _____
Dean/Vice-President (sign)

Approved for payment:

Name _____
Title Vice President, Administrative Services