SAN DIEGO MIRAMAR COLLEGE

10440 Black Mountain Road, San Diego, CA 92126

MONTHLY REQUEST FOR MILEAGE REIMBURSEMENT FOR USE OF PRIVATELY OWNED CARS

(See SDCCD AP 6310.2 for Authority)

Name: _____

First M.I. Last (Please Print)

Department: _____ **Employee ID:** _____

Campus/Site: _____ **Telephone #:** _____

After completed, this form needs to be approved by your supervisor and then added as an attachment to your Expense Report in PeopleSoft. This request for mileage reimbursement may **not** include travel outside San Diego County.

Date MM/DD/YY	**Destination** FROM	TO	**Business Purpose**	**No. of Miles**

Total Number of Miles 0

Mileage for Month Ending _____

Times Standard 2023 Mileage Rate/Mile 0.655

Total Amount Claimed for Reimbursement $ 0.00

I hereby certify that I incurred the above mileage 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 reimbursement.

Employee's Signature_____ Date _____

Approver's Signature _____ Date _____

Approver's Name _____ Date _____

Budget Information	Fund	Dept.	Activity	Account	Amount	Description
						Mileage Reimbursement
						Mileage Reimbursement