



INSTRUCTIONS FOR COMPLETING MILEAGE REIMBURSEMENT CLAIM

Fill in completely the information requested. Claim must be signed by claimant and by the person authorized to approve the claim.

1. **Employee's Information:** Print your name, employee I.D. number, phone number, campus location, department and position.
2. **Dates Covered By Claim:** Insert month and year for which you are claiming mileage reimbursement.
 - Only one month per claim form. Do not overlap months.
 - Mileage claims must be submitted to the District's Accounts Payable Department no later than the fifteenth day of the following month.
3. **Account Number:** Insert the account number to be charged. Claims without account number cannot be processed.
4. **Date:** Insert the date of the trip.
5. **Miles Driven:** Insert the actual mileage driven and attach a copy of Google Maps or similar online navigation printout supporting all mileage claims for trips over five (5) miles.
6. **Destination:** Insert the name and full street address of your destination. Origin is the place from which you start your trip.
 - Reimbursement cannot be paid if the address is not inserted under destination.
 - Full street addresses for repeat From or To locations need only be identified for the first instance, per claim form.
7. **Purpose of Trip:** State briefly and clearly the nature of each trip. Be specific.
8. **Signature of administrator:** The claimant cannot be the approving person.

Trip Type:

One-way = O/W

Round-trip = R/T