OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM

MILEAGE EXPENSE CLAIM FISCAL SERVICES/#2056/REVISED, JANUARY 2024					INS: U
	FOR PERIOD:		-		AMOUNT
NAME:			DT#		АР ТҮРЕ
MAILING ADDRESS:					
CITY:	STATE:		ZIP: HC		CHECK FOR PICK UP
ACCOUNT NUMBER:				PHON	E NUMBER:
DATE(S)	DESTINATION			PURPOSE OF TRIP	
DATE(3)	FROM	ТО	MILES TRAVELED	POR	APOSE OF TRIP
PER BOARD POLICY 7400 "Completed Claim TOTAL MILEAGE				I CEPTIEV THE ARC	N/E CLAIM TO BE A TRUE AND
shall be submittedwithin five working days after the completed in-district trip(s) or five working days after the last day of the month."		RATE PER MILE		I CERTIFY THE ABOVE CLAIM TO BE A TRUE AND ACCURATE ACCOUNT OF EXPENDITURES FOR THE PERIO INDICATED.	
		TOTAL MILEAGE EXP.			
			CLAIMANT'S SIGNATURE	E	
	MANAGER'S APPROVAL		-	V.P./PI	RESIDENT'S APPROVAL
	DEANIC ADDDOV		-		ISCAL ADDDOVAL
DEAN'S APPROVAL				F	ISCAL APPROVAL

FISCAL SERVICES USE ONLY