CLEAR FORM

OFFICIAL MERCED COMMUNITY COLLEGE DISTRICT FORM

MILEAGE EXPENSE CLAIM

FISCAL SERVICES/#2056/REVISED, JULY 2026

FISCAL SERVICES USE ONLY	
DL: ☐	
INS: ☐	
VOUCHER	
AMOUNT	
AP TYPE	

FOR PERIOD: _____ — _____

NAME: _____ DT# _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOLD CHECK FOR PICK UP ☐

ACCOUNT NUMBER: _____ PHONE NUMBER: _____

DATE(S)	DESTINATION		MILES TRAVELED	PURPOSE OF TRIP
	FROM	TO		

PER BOARD POLICY 7400 "Completed Claim shall be submitted…within five working days after the completed in-district trip(s) or five working days after the last day of the month."

TOTAL MILEAGE	0
RATE PER MILE	.76
TOTAL MILEAGE EXP.	$ 0.00

I CERTIFY THE ABOVE CLAIM TO BE A TRUE AND ACCURATE ACCOUNT OF EXPENDITURES FOR THE PERIOD INDICATED.

_____
CLAIMANT'S SIGNATURE

_____
MANAGER'S APPROVAL

_____
V.P./PRESIDENT'S APPROVAL

_____
DEAN'S APPROVAL

_____
FISCAL APPROVAL

ROUTING PROCEDURE: Claimant> Manager's Approval> Dean's Approval> V.P./President Approval> Fiscal Services cc: Fiscal Services>Claimant