

# Compton Community College District

## MILEAGE REIMBURSEMENT

Name: \_\_\_\_\_

Month: \_\_\_\_\_ 20\_\_\_\_

Date	From	To	Purpose	Miles	Parking

**Total Miles:** \_\_\_\_\_ at 54.0 cents per mile

I hereby certify that this is a true and correct statement of mileage and parking fees necessary in the performance of my duties

+ **Parking Fees** (please attach receipts) \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Division

\_\_\_\_\_  
Department

\_\_\_\_\_  
Budget Account Code

\_\_\_\_\_  
Approval of Dean/Director

{Signature confirms that employee is an approved driver in compliance with Board Policy 3540}

**FOR ACCOUNTING USE ONLY**

\_\_\_\_\_  
Approval of Department Vice President

\_\_\_\_\_  
Budget Verification

\_\_\_\_\_  
Date

SUBMIT IN TRIPLICATE TO YOUR DIVISION DEAN/DIRECTOR

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