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

+ **Parking Fees** (pleae 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 Departmnet Vice President Budget Verification Date

SUBMIT IN TRIPLICATE TO YOUR DIVISION DEAN/DIRECTOR

Form #20235 (Rev. 6/88)