

Hartnell Community College
MILEAGE REIMBURSEMENT FORM

Please see Instructions-Mileage Reimbursement

Department: Completed and authorized form to be submitted monthly no later than 10 days after month-end.

Employee Name / Job Title:			Submittal Date:		
Empl ID:		Phone/Ext:	Mileage Rate:		
Funding Code (Fund / Area /Loc / TOPS / Object)		11-400-00-670210-55200 (example)	Grant or Project Name:		
Locations					
Date	From	To	Reason for Travel	Total number of miles	Total Amount
Total Allowable Mileage					
<p>I certify that the above reimbursement request is a correct statement of actual mileage traveled in connection with college business and is made in accordance with Board policy 2320 Travel and Conference. I have reviewed the reason for travel and the supporting documentation and, by signing below, hereby approve this reimbursement request.</p>					
			Employee's Manager Approval		Date
			Vice President / Department Head Approval		Date
Employee's Signature			Business Office Approval		Date