San Mateo County
Community College District

Calendar Year 2016 JAN- DEC $0.54/per mile

SMCCCD – Mileage Expense Claim Form

3401 CSM Drive, San Mateo. CA 94402

☐ Canada ☐ Skyline ☐ CSM ☐ District

Name _____ Account: _____

ID# _____

Report period from: _____ to: _____

Date	From	Destination	Reason	Total Mileage	Parking	Bridge Toll
			Total	0.00	0.00	0.00

Total Miles at $0.54 /Mile $0.00

Parking/Bridge Toll (receipts required) $0.00

Total $0.00

A/P#: _____

I certify that the above is a correct statement of actual mileage traveled in connection with assignments for the SMCCCD.

Note:
Calendar Year 2015 $0.575/mile

Employee Signature

Administrator Signature

Budget Administrator's Initials _____

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