



MILEAGE RECORD/CLAIM FORM

1100 N. Grand Avenue, Walnut, California 91789 • 909) 594-5611 • [HTTP://WWW.MTSAC.EDU](http://www.mtsac.edu)

Name: _____ **Dept:** _____

PLEASE USE INK. Attach all parking and toll receipts. Keep a photocopy of this form for your records

			MILES	PARKING	TOLLS
Date:	From: (City)	Purpose:			
	To: (City)				
Date:	From: (City)	Purpose:			
	To: (City)				
Date:	From: (City)	Purpose:			
	To: (City)				
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	To: (City)				
Date:	From: (City)	Purpose:			
	To: (City)				
Date:	From: (City)	Purpose:			
	To: (City)				
Account #:		MILES GRAND TOTAL			
		TOTAL CLAIM			
					Mileage + Parking + Tolls (mileage = miles x .56.5¢)

XXXXX-XXXXXX-XXXXXX-XXXXXX Example

I hereby verify that this is a true and correct statement of expenses necessary in the performance of my duties.

Claimant Signature: _____

Date: _____

Immediate Manager Signature: _____

Date: _____