RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT
MILEAGE REIMBURSEMENT CLAIM

EMPLOYEE _____ EMPLOYEE ID # _____ PHONE # _____

CAMPUS LOCATION/DEPARTMENT _____ POSITION _____

MONTH OF CLAIM _____ YEAR _____ ACCT. # _____ / _____

(Must be filed by 15th day of following month, One Month Per Claim Form)   xxxxxxxxxx – xxxx   Quick Key
Organization Key – Object

> *NOTE:* **SEE REVERSE SIDE FOR INSTRUCTIONS** *BEFORE* **COMPLETING CLAIM.**

Date of Trip	Miles Driven	Check One		FROM: Name of Organization Street Address, City	TO: Name of Organization Street Address, City	Purpose of Trip
		O/W	R/T			

TOTAL MILES_____ @ *48.5¢ PER MILE = $ _____

I have liability insurance on my automobile and agree to maintain insurance coverage as long as I use my automobile for school business. I hereby certify that the above mileage represents a true and accurate statement of actual and necessary expense and that I have not been reimbursed for the above total.

By _____   APPROVED BY _____
CLAIMANT   Signature of Administrator

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DISTRIBUTION: White — Accounting Dept.   AUDITED BY _____
Yellow — Accounting Dept./OCDE Copy   Accounting Department
Pink — Claimant's Copy
Goldenrod — Accounting Dept. will return copy with check

*Mileage Rates   Jan 1, 2006 to Dec 31, 2006   44.5 cents per mile   and as of Jan 1, 2007 48.5 cents per mile   FS Form Jan 31, 2007

INSTRUCTIONS FOR COMPLETING MILEAGE CLAIM

Fill in completely the information requested. Claim must be signed by claimant and by the person authorized to approve the claim.

1. Employee's Information: Print your name, employee I.D. number, phone number, campus location/department and position.

2. Dates Covered By Claim: Insert month and year for which you are claiming mileage reimbursement. **Do not overlap months**. Mileage claims must be submitted to the accounting department **not later than** the fifteenth day of the following month. Failure to submit claims on time **requires the approval of the vice chancellor**.

3. Account Number: Insert the account number and quick key to be charged. Claims without account number cannot be processed.

4. Date: Insert the date of the trip.

5. Refer to Web Site: **WWW.MAPQUEST.COM/DIRECTIONS** for allowable mileage for each trip.

6. Miles Driven: Insert the actual mileage driven or **MAPQUEST** allowable mileage, **whichever is less**.

7. Destination: Insert the name and **full street address** of your destination. Origin is your place of business; or residence whichever is closer at the time of departure. **Reimbursement cannot be paid if the address is not inserted under destination**. Full street addresses for repeat **From** or **To** locations need only be identified for the first instance, **per claim form**.

8. Purpose of Trip: State briefly and clearly the nature of each trip. Be specific.

9. Signature of administrator: The claimant cannot be the approving person.

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In-District Mileage: Those administrative, supervisory, consulting, teaching, or operational positions which by the nature of their responsibilities, must use personal cars to travel throughout the district to carry out their functions, shall be reimbursed at the current rate per mile.

Out-of-District Mileage: Personnel assigned by the Chancellor to attend meetings outside the district within a 200 mile radius shall be reimbursed at the current rate per mile.

Trip Type: One-way   =   **O/W**
                     Round -trip   =   **R/T**