



PASADENA AREA COMMUNITY COLLEGE DISTRICT MILEAGE REIMBURSEMENT – USE OF PRIVATE VEHICLE

This report is to be submitted to Fiscal Services (C203) on a monthly basis.
Retain one copy for you files.

NAME _____ FOR THE MONTH OF _____
RESIDENTIAL _____ EMPLOYEE ID # _____
ADDRESS _____ DEPARTMENT _____
(REQUIRED)

Per AP 7420, The District will reimburse mileage to and from an approved location by calculating the distance between the employee or Trustee’s home and the approved location, less the individual’s normal commute (The distance between the individual’s home and the District).

DATE	FROM (CITY)	TO (CITY)	DESTINATION / PURPOSE	MILES TRAVELED

CHARGE TO _____

FUND COST CTR ACCT PROGRAM

TOTAL MILEAGE _____ X \$ _____ / mile = \$ _____
PARKING FEES (Original Receipts Required) \$ _____
TOTAL AMOUNT OF CLAIM \$ _____

“I certify that the foregoing is a true and correct statement of the use of my personal automobile for the necessary travel performed by me in carrying out my assigned duties as an employee of the Pasadena Area Community College District.”

EMPLOYEE SIGNATURE

DATE

COST CENTER MANAGER

DATE

Submit original form with original receipts (as appropriate) to Fiscal Services. Please keep a copy for your records/reference.