VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

__Moorpark College
__Oxnard College
__Ventura College
__District Service Center

MILEAGE REIMBURSEMENT CLAIM

Name of authorized person_____Month_____, 20_____

Address_____Account Number_____

Instructions: Use for reporting mileage while on official District Business only and not in conjunction with other travel expenses.

DATE	LOCATION FROM	TO	PURPOSE OF TRAVEL	MILEAGE

Total Miles _____@_____= $_____

The undersigned, under the penalty of perjury, states: That the above claim and the items as therein set out are true and correct; and that the amount therein is justly due.

Signature_____Date_____, 20_____

Approved_____ _____
Division Manager/Supervisor College or District Administration

Date_____ Date_____

FORM NO 14002 Rev 3/02