FOOTHILL-DE ANZA
Community College District

DISTRICT ACCOUNTS PAYABLE OFFICE

MILEAGE REIMBURSEMENT VOUCHER

NAME: _____ _____
(PLEASE PRINT FIRST AND LAST) EXT

DATE OF REQUEST: _____

CAMPUS: _____

BANNER ID:
BANNER INV:
For Accounting Use Only

DATE	DESTINATION	PURPOSE OF TRAVEL	MILES

TOTAL MILES _____

MILEAGE REIMBURSEMENT REQUESTED _____

(To be computed at current mileage rate)

http://business.fhda.edu/accounting/ap

"Since it is the responsibility of the employee to transport herself/himself to and from the place of employment, the mileage reported for calculating travel expense shall be the length of the trip one way between the two facilities, unless the work schedule requires a round trip during the same day"

Required:

FUND (6 digits)	**ORG** (6 digits)	**ACCT** (4 digits)	**PROG** (6 digits)	**AMOUNT**
			TOTAL	

I hereby certify by signing this form the mileage requested here on was necessary for college activities. I acknowledge that claims from a prior fiscal year will not be accepted for payment.

REQUESTED BY:

_____ _____ _____
First & Last Name (PLEASE PRINT) EXT EMPLOYEE SIGNATURE (Required)

APPROVED BY: _____ _____ _____
First & Last Name (PLEASE PRINT) EXT SIGNATURE (Required)

Please refer to url: http://purchasing.fhda.edu/policies for Delegations of Purchasing and Contracting Authority Approvals