

MILEAGE RECORD

East San Gabriel Valley Regional Occupational Program & Technical Center

In order to process mileage reimbursements, verification of a current California Driver's License and proof of liability insurance coverage for the dates claimed on the form must be on file at the Business Office or attached to this form. Mileage forms are due **on or before the 25th** of every month to be processed for payment issued on the 10th of the following month. Mileage records submitted after 3 months of travel may not be reimbursed.

Name: _____

Worksite: _____

Statement of mileage for period from: _____ **to** _____

DATE	DEPARTING FROM	DESTINATION	PURPOSE	ARRIVAL TIME	# OF MILES
TOTAL MILEAGE					

*** A PRINTED COPY FOR EACH DIFFERENT ROUTE (mapquest or google) MUST BE ATTACHED TO VERIFY TOTAL MILES**

I certify that this request for reimbursement is for the use of my personal car on necessary school business to properly fulfill requirements of my position with East San Gabriel Valley ROP/TC.

Employee: _____

Supervisor: _____

Business Office: _____