

For Accounting Use Only _____

INPUT DATE: _____

AMOUNT: _____

DOC #: _____

**CERRITOS COMMUNITY COLLEGE DISTRICT
MILEAGE EXPENSE REPORT
FOR PRIVATELY OWNED VEHICLES**

Employees who use their cars on a regular basis for District business must submit this form for approval in order to receive mileage reimbursement. Mileage reports should be submitted on a **monthly** basis. **The total is automatically calculated.**

Name: _____

Account Number: _____

DATE	LOCATION (TO/FROM)	ROUND TRIP MILES

TOTAL MILEAGE _____
APPROVED I.R.S. RATE _____
AMOUNT DUE _____

Signature of Employee _____ Date _____

Signature of Manager/Supervisor _____ Date _____