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	0.00
APPROVED I.R.S. RATE	$ 0.560
AMOUNT DUE	$ 0.00

Signature of Employee ____________________ Date ____________________

Signature of Manager/Supervisor ____________________ Date ____________________