

# MILEAGE REPORT CLAIM

**INSTRUCTIONS:**

1. This form is for reimbursement of mileage and parking related to the use of your personal vehicle while on approved SMC business.
2. Fill out the form, attach all receipts and have your department chair or manager approve the form and forward it to Accounts Payable for processing. Claims will be processed within ten (10) working days of receipt in Accounts Payable. Please submit your claim forms ***no later than ten (10) working days*** from your Date of Claim.
3. The mileage rate is determined annually on January 1<sup>st</sup> by the Los Angeles County Office of Education and is based on the standard rate set by the IRS. **Do not put conference expenses on this form.**

CLAIMANT INFORMATION							
Name (Last, First, MI)		Department/ Extension			Date of Claim		
Mailing Address		City, State, ZIP					
REIMBURSEMENT							
Rate Per Mile		Total Mileage		Account Number			Total Amount
No.	Date	Nature of Required Car Use	Location From	Location To	Parking	Mileage	Reimbursement
1							
2							
3							
4							
5							
6							
7							
8							
9							
<b>Total Reimbursement</b>							
DEPARTMENT APPROVAL							
I hereby certify that the miles traveled and the amount claimed are actual; that they were expended in the performance of official college business and that no prior claim has been made for any portion thereof.							
Claimant Signature				Date			
I hereby certify that the above travel was authorized.							
Department Head or Manager's Name			Signature			Date	
ACCOUNTS PAYABLE USE							
Encumbrance			Account Number			Amount	

**MILEAGE REPORT CLAIM**

Please attach original receipts and/or affix receipts to this page.

**CLAIMANT INFORMATION**

Name (Last, First, MI)	Department/ Extension	Date of Claim	Item No.
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