FOOTHILL-DE ANZA
COMMUNITY COLLEGE DISTRICT

DISTRICT ACCOUNTS PAYABLE OFFICE

MILEAGE REIMBURSEMENT VOUCHER

For Accounting Use Only
BANNER ID:
BANNER INV:

Name (Please Print First & Last): _____ Extension: _____

For Location: Foothill College ◯ De Anza College ◯ District Office ◯ Foundation ◯

DATE	DESTINATION	PURPOSE OF TRAVEL	MILES

NOTE: Before completing this form, confirm the current mileage rate at URL: https://business.fhda.edu/accounting/accounts-payable/travel-guidelines/i-mileage-rate.html

Enter Current Mileage Rate:____¢ per mile X Total Miles 0.0

= MILEAGE REIMBURSEMENT REQUESTED $ $0.00

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:

INDEX (6 digits)	**FUND** (6 digits)	**ORG** (6 digits)	**ACCT** (4 digits)	**PROG** (6 digits)	**AMOUNT**
				TOTAL:	$0.00

I hereby certify by signing this form that the mileage requested hereon 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) | Extension | Date | EMPLOYEE Signature (Required)

Approved by: _____ _____ _____ _____
First & Last Name (Please Print) | Extension | Date | APPROVER Signature (Required)

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