SANTA ROSA JUNIOR COLLEGE
1501 Mendocino Avenue
Santa Rosa, CA 95401

Vendor No. _____

Trip No. _____

MILEAGE CLAIM

(SUBMIT TO PURCHASING FOR PROCESSING)

☐ Monthly Claim ☐ Claim for use of personal vehicle when school vehicle not available (Attach pink copy of form indicating reimbursement allowed.)

Budget Code: __ __-__ __-__ __-__ __ __ __-__ __ __ __-5 2 3 0

Name: _____ Staff ID#: _____

Home Address: _____
Street City Zip

Department: _____

Date of trip	From	To	*Miles	@ Per mile	Total
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
				GRAND TOTAL	$ 0.00

Approved by: _____
Supervising Administrator

*Mileage calculated per AAA mileage chart.
Note: Bridge fare (w/ receipts) and parking (w/receipts) may be included on this form.