



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
GRAND TOTAL					

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.