



VENTURA COUNTY COMMUNITY COLLEGE DISTRICT MILEAGE CLAIM REIMBURSEMENT

- Moorpark College
- Oxnard College
- Ventura College
- District Administrative Center

Name of authorized person: _____ Month _____ 20__

Address: _____ Account #: _____

Instructions: Use for reporting mileage while on official District Business only and not in conjunction with other travel expenses.

DATE	LOCATION		PURPOSE OF TRAVEL	MILEAGE
	FROM	TO		

Total Miles _____ @ \$.555 / mile = \$ _____

The undersigned, under the penalty of perjury, states that the above claim and the items as therein set out are true and correct; and the amount therein is justly due.

Signature: _____ Date: _____ 20__

Approved: _____
 Division Manager/Supervisor College or District Administration

Date _____ Date: _____

District-wide form no. 14002 – Rev 1/2020