



# CLAIM FOR ON-THE-JOB MILEAGE REIMBURSEMENT

Employee Name: \_\_\_\_\_ Period: \_\_\_\_\_

Department: \_\_\_\_\_ H#: \_\_\_\_\_

Address: \_\_\_\_\_

Pickup \_\_\_ Mail \_\_\_ Phone: \_\_\_\_\_

DATE	FROM	TO	PURPOSE	ROUND TRIP	MILEAGE
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TOTAL MILEAGE					
MILEAGE RATE (as of 1/1/25)					
TOTAL AMOUNT OF CLAIM					

I certify that the foregoing is a true and correct statement of the use of my personal automobile for the necessary travel performed by me in carrying out my assigned duties as an employee of the Allan Hancock Joint Community College District.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

FOAP: \_\_\_\_\_

\_\_\_\_\_  
Supervisor and/or Grant Manager Approval

\_\_\_\_\_  
Date

**SUBMIT COMPLETED FORM TO [accountspayable@hancockcollege.edu](mailto:accountspayable@hancockcollege.edu)**