CLAIM FOR ON-THE-JOB MILEAGE REIMBURSEMENT

Employee Name: _____ Period: _____

Department: _____ H#: _____

Address: _____

Pickup ___ Mail ___ Phone: _____ Email:

DATE	FROM	TO	PURPOSE	ROUND TRIP	MILEAGE
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			TOTAL MILEAGE		0
			MILEAGE RATE (as of 1/1/26)		.725
			TOTAL AMOUNT OF CLAIM		0.00

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. Route the form through Adobe Sign, with the employee signature being the first.

_____ _____

Employee Signature Date

FOAP: _____

_____ _____

Supervisor Approval Date

SUBMIT COMPLETED FORM TO accountspayable@hancockcollege.edu