2024 MILEAGE CLAIM FORM

A minimum of 200 total aggregate miles is required to submit a request. Less than 100 aggregate miles should be submitted before the end of the fiscal year.

Glendale Community College District
Accounting Department
1500 No. Verdugo Road, Glendale, CA 91208

PLEASE PRINT OR TYPE:	PERIOD CLAIMED:	THROUGH:
Name:	Work Location:	
Position:		

Account Number: FUND (2) — PROGRAM (4) — SUB PROGRAM (1) — TOPS (6) — OBJECT (4)

DATE	TRAVEL FROM	TRAVEL TO	CHECK IF ROUND TRIP	MILES

	Total miles, this sheet:	0.00
Signature of Claimant Date	Total miles from Continuation sheets:	0.00
Print Name:	**Total miles claimed:**	0.00
	Parking (Attach receipts):	
Signature of Department Head Date	Total Miles x Rate @ **65.5 cents** per mile	$0.00
Print Name:	**Total Claim:**	$0.00

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