



DISTRICT ACCOUNTS PAYABLE OFFICE  
**MILEAGE REIMBURSEMENT VOUCHER**

|                         |
|-------------------------|
| For Accounting Use Only |
| <b>BANNER ID:</b>       |
| <b>BANNER INV:</b>      |

Name (Please Print First & Last): \_\_\_\_\_ Extension: \_\_\_\_\_

For Location:      Foothill College       De Anza College       District Office       Foundation

| DATE | DESTINATION | PURPOSE OF TRAVEL | MILES |
|------|-------------|-------------------|-------|
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NOTE: Before completing this form, confirm the current mileage rate at URL: [http:// business.fhda.edu/accounting/accountingpolicies](http://business.fhda.edu/accounting/accountingpolicies)  
 Enter Current Mileage Rate: \_\_\_¢ per mile X Total Miles 0.0  
**= MILEAGE REIMBURSEMENT REQUESTED \$ \$0.00**

*Since it is the responsibility of the employee to transport herself/himself to and from the place of employment, the mileage reported for calculating travel expense shall be the length of the trip one way between the two facilities, unless the work schedule requires a round trip during the same day.*

**Required:**

| INDEX (6 digits) | FUND (6 digits) | ORG (6 digits) | ACCT (4 digits) | PROG (6 digits) | AMOUNT |
|------------------|-----------------|----------------|-----------------|-----------------|--------|
|                  |                 |                |                 |                 |        |
|                  |                 |                |                 |                 |        |

I hereby certify by signing this form that the mileage requested hereon was necessary for college activities.  
 I acknowledge that claims from a prior fiscal year will not be accepted for payment.

**TOTAL: \$0.00**

Requested by: \_\_\_\_\_  
                     First & Last Name (Please Print)      Extension      Date      EMPLOYEE Signature (Required)

Approved by: \_\_\_\_\_  
                     First & Last Name (Please Print)      Extension      Date      APPROVER Signature (Required)