FY 2009 - 2010 Expense Claim for Business Mileage

Palomar Community College District

San Marcos, California 92069-1487

(Submit 2 Copies to Fiscal Services)

Claimant: _____ Vendor # _____

Department: _____ Ext._____ Date: _____

Account	Fund	Org	Program	Class	Year	Proj/Grant	Bus Unit	%
					2010			
					2010			
					2010			
6 digits	2 digits	6 digits	5 digits	2 digits	4 digits	7 digits	5 Characters	3 digits

Date	Place/City Departed From	Destination	Place/City Returned To	Total Miles Traveled	Purpose of Trip

TOTAL MILES TRAVELLED 0 X Prevailing IRS RATE $0.55= $0.00

I hereby certify that the foregoing is an accurate statement of mileage on authorized school district business and that liability insurance was in force protecting the school district and member of the governing board.

Applicant's Signature Date

Administrator's Signature Date

Department Chair/Director's Signature Date