

# 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	%
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

\_\_\_\_\_ X Prevailing IRS RATE

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