San Mateo County
Community College District

Calendar Year 2018 JAN- DEC $0.545/per mile

SMCCCD – Mileage Expense Claim Form

3401 CSM Drive, San Mateo. CA 94402

☐ Canada ☐ Skyline ☐ CSM ☐ District

Name _____ Account: _____

GID# _____

Report period from: _____ to: _____

Date	From	Destination	Reason	Total Mileage	Parking	Bridge Toll
			Total	0.00	0.00	0.00

Total Miles at $0.545 /Mile $0.00

Parking/Bridge Toll (receipts required) $0.00

Total $0.00

A/P#: _____

I certify that the above is a correct statement of actual mileage traveled in connection with assignments for the SMCCCD.

Note:
Calendar Year 2017 $0.535/mile

_____
Employee Signature

_____
Administrator Signature

Budget Administrator's Initials _____

Form Reset | Save File | Print It | Email It