2024 MILEAGE CLAIM FORM

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

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.

PLEASE PRINT OR TYPE: PERIOD CL		PERIOD CLAIMED:	AIMED: THROUGH:		
Name:			Work Location:		
Position:					
Account Number: FUND (2) PRO			SUB PROGRAM (1)	TOPS (6)	OBJECT (4)
DATE TRAVEL FROM		М	TRAVEL TO	CHECK IF ROUND TRIP	MILES
-			iles, this sheet:	•	0.00
Signature of Claimant Date			Total miles from Continuation sheets:		0.00
Print Name:			Total miles claimed:		0.00
			(Attach receipts):		
Signature of Department Head Date			tal Miles x Rate @ 65.5 cents per mile		\$0.00
Print Name:			Claim:		\$0.00