RESET FORM PRINT FORM

Contra Costa County Office of Education
77 Santa Barbara Rd., Pleasant Hill, CA 94523 • (925) 942-3388 • www.cocoschools.org

MONTHLY MILEAGE AND TRAVEL EXPENSE CLAIM

Name _____ Employee ID # _____ Date _____

Address _____

Job Title _____ Site _____ Phone # _____

SACS # _____ $_____ or % _____

SACS # _____ $_____ or % _____

DATE	DESCRIPTION (FROM-TO, PURPOSE)	MILEAGE	OTHER TRAVEL EXP (Meals, Tolls, Parking, etc.)	OTHER AMOUNT

TOTAL MILES 0.00

MILEAGE RATE (eff. 1/1/2017) 0.535

TOTAL MILEAGE EXPENSE 0.00

TOTAL OTHER EXPENSE 0.00

ALL ENTRIES WILL AUTO-CALCULATE

TOTAL MILEAGE & TRAVEL EXPENSE 0.00

I hereby certify that the above is a correct and true statement of the actual and necessary expenses incurred by me in the performance of official duties. I further certify that I carry personal vehicle property loss and damage and personal liability insurance for any vehicle mileage expense claimed.

Examined and approved:

_____ _____

Claimant Signature *Date*

_____ _____

Supervisor Signature *Date*

REVISED 9/28/2017 AP/AR