

**PLEASE SUBMIT ALL COPIES
IN TRIPLICATE TO BUSINESS
SERVICES OFFICE**

MONTHLY DISTRICT MILEAGE CLAIM

San Joaquin Delta Community College District

CLAIM NUMBER _____

MONTH OF _____, 20____

DAY	MILES	FROM	TO	TO	TO	PURPOSE AND/OR CLASS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

TOTAL @ _____ ¢ PER MILE \$ _____

I hereby certify that this is a true and correct statement of distance traveled on school business for the month indicated.

MEALS AND/OR OTHER EXPENSES \$ _____

TOTAL OF CLAIM \$ _____

APPROVALS _____

ROUTING:

ALL CHECKS WILL BE SENT INTEROFFICE
MAIL TO TRAVELER UNLESS CHECKED HERE
TO BE MAILED TO HOME ADDRESS OF:

NAME (PRINT OR TYPE) _____
SIGNATURE _____
ADDRESS _____
CITY _____ ZIP _____

ACCOUNT NUMBER
ACCOUNT NUMBER
ACCOUNT NUMBER