



BARSTOW COMMUNITY COLLEGE

REQUEST FOR MILEAGE AND TRAVEL EXPENSE REIMBURSEMENT

I _____ Certify that the below listed are actual and necessary travel expenses incurred in the performance of authorized College purposes, and in accordance with the provision of Education Code 87032 (Employees) or Education Code 72423 (Board Member), as applicable.

(Signature of Claimant) Date

(Supervisor Signature) Date

(Administrator Signature) Date

Purpose of Trip (Required):

Name of Event: _____

Date(s) of Event: _____ Location of Event: _____

Mileage				Meals			Other Expenses		Daily Total
Date	Miles	From	To	Breakfast	Lunch	Dinner	Description	Amount	
Total Miles Claimed by Employees							Meal & Expense Total		
							Mileage Total		
							Total Expenses Claimed by Employees		

Reimbursement Claim	
Acct No.	
Acct No.	
Acct No.	
Batch No.	T.C.
Warrant No.	Date
Amount	Date Mailed

**IN LIEU OF
PURCHASE ORDER**