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
Date	Miles	From	To	Breakfast	Lunch	Dinner	Description	Amount	Total
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
	0	Total Miles Claimed by Employees					Meal & Expense Total		$ 0.00
							Mileage Total		$ 0.00
							Total Expenses Claimed by Employees		$ 0.00

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

IN LIEU OF PURCHASE ORDER