

1100 N. GRAND AVENUE, WALNUT, CA 91789 • (909) 594-5611 • WWW.MTSAC.EDU



BANNER ID: A

NAME (Please Print First & Last):		DEPARTMENT NAME:	
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[illegible]

REQUIRED:

FUND (5 digits)	ORGANIZATION (6 digits)	ACCOUNT (6 digits)	PROGRAM (6 digits)	AMOUNT
				\$
				\$
TOTAL:				\$

I hereby certify by signing this form that the mileage requested hereon was necessary for college activities. I acknowledge that claims from a prior fiscal year will not be accepted for payment.

REQUESTED BY: _____

First & Last Name (Please Print)	Extension	Date	EMPLOYEE'S Signature (Required)
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APPROVED BY: _____

First & Last Name (Please Print)	Extension	Date	IMMEDIATE MANAGER'S Signature (Required)
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Refer to other side of form for instructions and AP6920 Mileage Allowance Reimbursement to Employees will be made by Direct Deposit.

<u>Fiscal Services Only:</u> Manager's Approval _____ Date of Approval _____
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MILEAGE RECORD / CLAIM FORM

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Complete by filling in all requested information.

- If travel is round trip, check the box provided. Leave the box unchecked if trip is only one way.
- Whether one way or round trip, enter the total mileage.
- If claiming parking or toll fees, enter amount. Original itemized receipts must be attached to the reimbursement form or on a separate sheet of paper.
- The mileage claim is calculated as follows: the current mileage rate per IRS guideline at the date of travel, multiplied by the total miles.
- Enter the complete expense account string. Fund, organization, account, and program (FOAP) must be included. Use account number 522000 for employees and 529000 for non-employees.
- If using more than one account string, specify the amount for each account string.
- Submit a separate form for different mileage rates.
- Employees are reimbursed for mileage, parking, and tolls by direct deposit only. Complete the direct deposit form if not already on file in Fiscal Services.
- Immediate manager should verify the following information: budget funds are available to cover the mileage reimbursement request, required fields are complete, timely submission (monthly), claimant's signature, and original itemized receipt. After review, please print first & last name, district extension, date and then sign/ approve (wet signature/ink).
- Submit the approved mileage record/claim form to Fiscal Services Office, Attn: Accounts Payable.

AP STAFF

District: (A) TBA

(B-H) Debby McConnell x5525

(I-R) Elizabeth Jauregui x5342

(S-Z) Kasteel Gumban x4142

Auxiliary Services: TBA

AP 6920 Mileage Allowance

All employees, other than those who receive a flat rate per month, will receive a standard mileage rate based on the Internal Revenue Service's (IRS) mileage rate for use of their personal automobiles for College business. The use of a personal vehicle is limited to activities within the scope of the employee's assigned responsibilities, and mileage reimbursement requires specific approval of the immediate management supervisor.

- A. No mileage may be claimed for travel from home to the first work location or from the last work location of the day to home.
- B. Mileage may be claimed for travel between work locations when the employee is on business as part of his/her assigned duties.
- C. Mileage claims must include the date of travel, the city traveled to, and the purpose of travel.
- D. Mileage incurred due to a conference should be claimed on the Conference and Travel Request/Expense Claim Form.
- E. Mileage claims must be submitted using the Mileage Claim Form and signed by the employee and approved by the immediate management supervisor.
- F. Mileage claims must be filed in the Fiscal Services Office for reimbursement.
- G. A Proof of Insurance Form must be on file in Fiscal Services for any employee who drives a personal vehicle in the scope of their job responsibilities. California law provides that the individual's automobile must be covered by liability insurance.
- H. The College does not provide insurance coverage to cover damage or loss to an employee's automobile.