

Request For Mileage Reimbursement

EDUCATION CONSORTIUM OF CENTRAL LOS ANGELES

I hereby request to be reimbursed for mileage which I have driven for the _____ program using my own vehicle.

Check to be sent to:

Name to appear on check _____ (REQUIRED)

Street address _____

City, State, Zip _____

Phone _____ e-mail _____

DATE	TRIP / PURPOSE (use back of page for add'l items)	MILEAGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL MILES DRIVEN		_____

Reimbursement amount:

_____ miles @ ._____¢ per mile = \$ _____

Reimbursement approved by _____
PRINT NAME _____
DATE

Approver Signature _____

FOR OFFICE USE ONLY

PAID: