AUXILIARY
Organization

___x__GCCCD Auxiliary

GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT
AUXILIARY ORGANIZATION

MILEAGE EXPENSE CLAIM
EMPLOYEE'S CAR

_____ Phone: _____
Name of Claimant (PRINT NAME)

Date	MILES TRAVELED	LEFT FROM	STOPS	RET'D TO	PURPOSE

Total Miles: _____ **Rate Per Mile**: .485 **Total of Claim $** _____

The foregoing is an accurate statement of mileage incurred while on authorized Auxiliary Organization business. The above miles do not include my normal commuting mileage.

Claimant's Signature: _____ Date: _____

Keycode Number: _____ **-5220**

Approvals:

_____
Director/Supervisor/Manager

_____
Director (if other than above)