

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 for each month.
- 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/Digital Signature)

Submit the approved mileage record/claim form to Fiscal Services Office. AccountsPayable@mtsac.edu

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. California law requires that each person must have automobile liability coverage on his or her personal automobiles. The District will not provide collision, comprehensive, etc., insurance coverage to cover damage or loss to an employee's car.