VOUCHER # _____

Local Mileage Request

A valid Auto Use Permission Form must be on file in the Business Office and Defensive Driving Training must be complete before any mileage will be reimbursed.
Submit completed form with Interactive Map and ACBL to travel@redwoods.edu

EMPLOYEE ID# _____ **DATE** _____

EMPLOYEE NAME _____ **EMPLOYEE SIGNATURE** _____

DATE	LOCATION FROM	TO	NET MILES
		TOTAL MILES	0

TOTAL MILES 0_____ X $.72.5 / MILE = AMOUNT OF REIMBURSEMENT $ 0_____

APPROVED BY:

Manager: _____ Signature: _____ Date: _____

Senior Staff: _____ Signature: _____ Date: _____

_____	_____	_____	_____	_____
SUBFUND	COST CENTER	PROGRAM	ACTIVITY	OBJECT

FOR BUSINESS OFFICE USE ONLY:
DDT Completed: ☐ YES ☐ NO Auto Use Form On File: ☐ YES ☐ NO

REV 07.2026