

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		NET MILES
	FROM	TO	
TOTAL MILES			0

TOTAL MILES 0 _____ X \$.76 / 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 ☐ NOAuto Use Form On File: ☐ YES ☐ NO