



Monthly Mileage and Expense Report

SECTION 1: EMPLOYEE INFORMATION

Name	Employee ID# (Required)
Campus	Department / Division
Reporting Period	

SECTION 2: EXPENSES OTHER THAN MILEAGE

Date	Payment Made To	Business Purpose / Attendees / Other Info	GL Account Number				Project	Amount
			Fund	Area	Organization	Object		
			-	-	-			\$
			-	-	-			
			-	-	-			
			-	-	-			
			-	-	-			
			-	-	-			

Note: Receipts must be provided for all expenses in section 2.

\$

SECTION 3: MILEAGE

See Form FS-02S for the Standard Mileage Chart.

Date	Miles	From - To	Round Trip? Y or N	Business Purpose	GL Account Number				Project	Amount
					Fund	Area	Organization	Object		
					-	-	-			\$
					-	-	-			
					-	-	-			
					-	-	-			
					-	-	-			
					-	-	-			
					-	-	-			
					-	-	-			
					-	-	-			
					-	-	-			

Current Mileage Reimbursement Rate Effective 01/01/2020: \$ per mile.

TOTAL MILEAGE \$

SECTION 4: APPROVALS

Expense reports received by Accounts Payable Department **more than 90 days** after the expense was incurred may not be honored.

Employee: All reported expenses were incurred in the performance of approved College activities, and I have not received reimbursement from any other source for any portion of the requested reimbursement.		Supervisor printed name	
Employee Signature	Date	Supervisor Signature	Date

FOR FINANCIAL SERVICES ONLY

Date Processed	Grand Total \$
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