



# Contra Costa County Office of Education

77 Santa Barbara Rd., Pleasant Hill, CA 94523 • (925) 942-3388 • www.cocoschools.org

## MONTHLY MILEAGE AND TRAVEL EXPENSE CLAIM

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Site \_\_\_\_\_ Phone # \_\_\_\_\_

SACS # \_\_\_\_\_ \$ \_\_\_\_\_ or % \_\_\_\_\_

SACS # \_\_\_\_\_ \$ \_\_\_\_\_ or % \_\_\_\_\_

DATE	DESCRIPTION (FROM-TO, PURPOSE)	MILEAGE	OTHER TRAVEL EXP (Meals, Tolls, Parking, etc.)	OTHER AMOUNT

TOTAL MILES  
 MILEAGE RATE (eff. 1/1/2018)  
 TOTAL MILEAGE EXPENSE

TOTAL OTHER EXPENSE

**ALL ENTRIES WILL AUTO-CALCULATE** **TOTAL MILEAGE & TRAVEL EXPENSE**

I hereby certify that the above is a correct and true statement of the actual and necessary expenses incurred by me in the performance of official duties. I further certify that I carry personal vehicle property loss and damage and personal liability insurance for any vehicle mileage expense claimed.

Examined and approved:

\_\_\_\_\_  
*Claimant Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor Signature* \_\_\_\_\_  
*Date*