MILEAGE REIMBURSEMENT CLAIM FORM

Miles Driven January 1 – December 31, 2015

Name:	Emp. No.:			
Home Address:	City:			
Title:	Distance between home and headquarters:			
Division:	Supervisor's Name:			

Claim Period:	Last Date Driven:	

Date Driven	Destination	Odometer	Miles Claimed	Purpose of	Trin	Parking Fees
Briven	Destination	Outilieter	olainieu			1003
IF N	NORE THAN ONE SHEET IS USED, DETA	ACH ON HEA	VY LINE, E	XCEPT LAST	SHEET OF CL	AIM.
	Falsifying this rep	ort will be cau	use for dism	issal.		
Total No	on-Taxable Miles Driven:@) 57.5¢	= \$			
Total Taxable Miles Driven: = \$						
Total Non-Taxable Parking Fees: \$						
Total Taxable Parking Fees: \$				Total Reimbursement Claimed:		
					\$	

I HEREBY CERTIFY that the mileage reimbursement claimed on this form are proper and actual mileages and parking fees incurred during this period and in accordance with LACERA's Mileage Reimbursement Policy.

Employee Signature: _		Date:	
Approval Signature:		Date:	
	(Supervisor/Manager)		
Date Submitted for Rein	nbursement:		