

Guam Community College
Materials Management, Business & Finance
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MILEAGE REIMBURSEMENT

Mileage Report of Private Vehicles Use on Official Business

FOR FACULTY: Please refer to ARTICLE VIII - FACULTY WORKLOAD, Page 17, paragraph 2 and ARTICLE X – WORKING CONDITIONS, Page 37, G. GENERAL PROVISIONS, No. 6, A & B.

Employee Name (Please PRINT LEGIBLY)			Department/Division			
Make/Model & License Plate Number of Vehicle			Month/Day/Year			
MILEAGE RECORD						
DATE	DESTINATION		Purpose	STARTING ODOMETER	ENDING ODOMETER	MILES
	To	From				
TOTAL Miles						
Current Rate Per Mile						
Total Reimbursement Requested						\$.)
I hereby certify that the information contained herein is true and correct. SIGNATURE: <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Employee </div> <div style="width: 45%; text-align: center;"> _____ Program Administrator </div> </div>						