AUTHORIZATION FOR MILEAGE REIMBURSEMENT

I certify that the proposed trip is for approved, official District business. I further certify that I have filed a private automobile authorization card with the:

- ☐ Campus Business Office—Orange Coast College, or
- ☐ Campus Business Office—Golden West College, or
- ☐ Administrative Services Office—Coastline College, or
- ☐ Business Office—KOCE—TV, or
- ☐ District Business Office—Coast Community College District Administration

_____	_____	_____
Driver's Name = (Please Print)	Employee ID #	Trip Date(s) (Inclusive)

If student, sponsor's signature authorizing trip _____

Destination (be specific) _____

_____

Purpose of trip _____

_____

Total Actual Mileage 0 Miles 0.585

Amount Requested at Current Rate Per Mile $ _____

I certify that the mileage requested is for the most direct route.

☐ Trustee ☐ Student

☐ Classified Employee ☐ Certificate Employee

_____

Signature of Driver Date

Budget to be charged _____

Approved _____

Authorized Signatures for CCC, GWC, OCC, KOCE-TV, or CCCD

Approved for Payment _____ _____

Director, Fiscal Affairs Date