CITY OF OXNARD CALIFORNIA

Mileage Reimbursement Claim

Date: _____

Employee: _____

Department: _____

Budget Account No. _____

For the Period of: _____

Date	Mileage		Total Miles	Accumulated Total
	In	Out		

Department/Division Approval

Amount of Reimbursement Requested _____

Employee _____

Approval _____

Reimbursement Computation

No. of miles x .54.5¢ = _____

Total $_____

Employee Certification

I hereby certify that all claims for mileage submitted to the City of Oxnard represent costs incurred for the use of my personal vehicle during the course of my duties as a City employee in accordance with City authorized procedures.

_____ _____

Signature Date