



## 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 \_\_\_\_\_ Miles

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