

CITY OF OXNARD
MILEAGE REIMBURSEMENT CLAIM

_____ Date

_____ Employee

_____ Department/Division

_____ Account Number

_____ For the period of

Date	Mileage		Total Miles	Accumulated Total
	Out	In		

Department/Division Approval

_____ Dept Dir/Div Mgr

_____ Date

_____ Total Amount of Reimbursement Approved

Finance Review

_____ Date

_____ Total Amount of Reimbursement

Reimbursement Computation

_____ x \$.655=	\$	_____
Number of Miles		Total Amount of Reimbursement

Note: Minor expenses should be reimbursed through Department/Division petty cash accounts. Large expenses should be recorded on a Travel Authorization form with an accompanying department purchase order.