



Solano Community College

Request for Mileage Reimbursement

FY: _____

NAME OF EMPLOYEE: _____ EMPLOYEE'S ID NO. _____

EMPLOYEE'S ADDRESS: _____

Any mileage greater than 10 miles must have supporting map quest or google map showing number of miles traveled.

DATE	FROM/TO/PURPOSE	MILES

Bridge Tolls			Total Miles	-
			X	
Parking			Reimbursement Rate	0.67
Budget Code:	_____			-
		Total Reimbursement		-

I certify that the above is a correct statement of the number of miles I have driven on college business. I have liability insurance on my automobile and agree to maintain insurance coverage as long as I use my automobile for college business. (Further information below).

Employee's Signature _____	Date: _____
Approved by: _____	Date: _____
Print name and Sign	Date: _____
Fiscal Office Review: _____	

If you drive your personal automobile while on college business and you are involved in an accident, your own liability insurance policy applies first. The District liability coverage would be used only after your limits have been exceeded. The District does not cover collision or comprehensive coverage for your vehicle. The mileage reimbursement paid by the District covers all operating expenses on your automobile including, but not limited to, insurance, gas, oil, maintenance, etc. State law requires that automobile owners meet a minimum financial responsibility. This requirement is met by providing automobile liability insurance or a bond. If you do not carry automobile liability insurance, you should immediately notify your supervisor and you should not use your automobile for District business until you have met the minimum requirements. Reimbursement for mileage will be made for the lesser of actual miles traveled or mileage from the campus worksite to/from your destination.