



LOS ANGELES COUNTY REGIONAL PARK AND OPEN SPACE DISTRICT

1000 S. Fremont Avenue, Unit #40
Building A-9 East, Ground Floor
Alhambra, CA 91803
(626) 588-5060

RPOSD.LACounty.gov

MILEAGE CLAIM REIMBURSEMENT FORM

This form is to be used for requesting reimbursement for mileage. Travel reimbursement for mileage when using your personal vehicle requires a record of miles traveled. Supervisor approval is required for the use of personal vehicles.

Complete this form, obtain your supervisor's approval, and submit (upload) with claim in the Grant Management System (GMS).

Mileage Rates are based on the County's Fiscal Manual Mileage Reimbursement Guidelines, 13.13.5 Mileage Rates (County Code Section 5.40.190).

Name: _____

Job Title: _____

Headquarters Address: _____

Grant Number: _____

Mileage

Date	Purpose of Travel	Starting Address	Ending Address	Miles

Total Miles _____

Miles x Rate (\$0.655) _____

I have examined and approved the attached documents and other information provided to support this claim. I further state that this form was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Employee Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____