Claim for Routine Mileage

DATE SUBMITTED _____

Name: _____ School/Department: _____

Address: _____ Position: _____

_____ _____

Phone: _____ Email: _____

Date	From	To	Purpose	Mileage

Total Mileage _____

Total Mileage_____@.575 =_____

I,_____
(signature of claimant)

declare that the above claim for reimbursement is true and correct.

Please return this form to:
PVFT, AFT 1936
734 East Lake Avenue, Suite 14
Watsonville, CA 95076
Phone: 831-726-2331
Fax: 831-722-3009

Amount Approved_____
Approval Signature_____
Date Approved_____

Revised 1/23/20