

DISTRICT ACCOUNTS PAYABLE OFFICE MILEAGE REIMBURSEMENT VOUCHER

For Accounting Use Only										
BANNER ID:										
BANNER INV:										

ame (Please Print First & Last):						Extension:					
or Location:	n: Foothill College • De Anza Colle					•	District Office	e •	Fo	undation •	
DATE	DESTINATION					PURPOSE OF TRAVEL				MILES	
OTF: Before	nmn	leting this form, confirm	n the 🖂	ntor C	urront Mi	loago Pato	o d por r	nilo V T	otal Milos		
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		g this form that the mileag s from a prior fiscal year				/ for college a	activities.	TOTAL:			
quested by:		-			•						
quodica by.	First & Last Name (Please Print) Extens			ension	Date	EMI	EMPLOYEE Signature (Required)				
proved by:											
- , .		First & Last Name (Ple	ease Print)	Ext	ension	Date	APF	PROVER	Signature (Required)	