CITY COLLEGE OF SAN FRANCISCO

FIELD EXPENSE REPORT

SHEET No.

_____ Department _____ 20__

Reimbursement is requested for Field Expense on Official Business for month of _____ 20__

Use additional sheets as needed, numbering each sheet, totaling and certifying on last sheet for month. For Round Trip, check in "RT" column.

INSTRUCTIONS: Enter Speedometer Reading at start and end of continuous driving on City business and extend mileage Receipt or explanation required for "Other" expense.

DAY	PURPOSE	TRAVEL FROM–TO	RT ✓	SPEEDOMETER READINGS	MILES	PARKING METER	CARFARE	TELE-PHONE	OTHER *(Receipt Required)*
EXTEND TOTAL PARKING METER, CARFARE AND TELEPHONE									

MAKE AND MODEL CAR	LICENSE NUMBER	TOTAL MILES	RATE PER MILE	

TOTAL _____

THE UNDERSIGNED HEREBY CERTIFY that the above is a true statement of travel mileage and expense incurred in official business of the City College of San Francisco.

_____
DEPT. HEAD/SUPERVISOR'S SIGNATURE

_____
TRAVELER'S SIGNATURE