



YC-AFT

LOCAL 4952

Marysville • Woodland • Clearlake • Colusa • Sutter

REQUEST FOR MILEAGE REIMBURSEMENT

Full Name: _____ Date: _____

| DATE | STARTING & ENDING POINTS DESTINATION AND PURPOSE | MILES |
|---------------------|--|-------|
| | | |
| | | |
| | | |
| | | |
| TOTAL MILES | | |
| REIMBURSEMENT RATE | | |
| TOTAL REIMBURSEMENT | | |

BY SIGNING, I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF THE NUMBER OF MILES I HAVE DRIVEN.

Signature: _____ Date: _____

TREASURER USE ONLY

| | |
|--------------|--|
| Check Number | |
| Issue Date | |

Rev01102023SR5

Treasurer Signature: _____ Date: _____