FORT BERTHOLD COMMUNITY COLLEGE MONTHLY MILEAGE CHART

Name: _____ **Mileage for the Month of:** _____, _____

DATE	FROM	TO	TOTAL MILES	TIME OF DEPART:	TIME OF RETURN:	PURPOSE/DESCRIPTION

TOTAL MILES: _____ **X .485 cents a mile = $**_____

I certify that this statement and the amount claimed are true, current, and complete to the best of my knowledge and belief.

CHARGE TO CODE: _____-_____-_____

_____ _____ _____ _____

Employee Signature **Date** **Supervisor or Program Administrator** **Date**

_____ _____ _____ _____

FBCC Chief Financial Officer **Date** **Russell Mason Jr. FBCC President** **Date**

The reimbursement rate for the use of a privately owned automobile (if no government owned vehicle available) was increased to $0.485 cents per mile effective February 1, 2007. Information taken from www.gsa.gov POV mileage reimbursements rate.