



# OPEN ENCUMBRANCE REQUEST FOR ON-THE-JOB MILEAGE

**DISTRICT EMPLOYEE INFORMATION:**

Name: \_\_\_\_\_  
 H#: \_\_\_\_\_ Phone Ext. \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Department: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

TRAVEL PERIOD: \_\_\_\_\_ to \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_  
 \_\_\_\_\_

**ENCUMBRANCE AMOUNT:** \_\_\_\_\_

**BUDGET CODES TO BE CHARGED:**

%	GRANT NAME	FOAP

BUSINESS SERVICES USE
Encumbrance #

I request approval for on-the-job travel to various local locations which are necessary to complete the responsibilities of my job for the college. I understand that claims for mileage reimbursement must be submitted monthly, by the **5th of the month following the travel** using the Claim for On-the-Job Mileage Reimbursement form.

\_\_\_\_\_  
 Employee Signature Date

**APPROVALS:**

\_\_\_\_\_  
 Supervisor Print Name Signature Date

\_\_\_\_\_  
 Supervising Administrator Print Name Signature Date

\_\_\_\_\_  
 Cabinet-Level Administrator Print Name Signature Date

**EXPENSE TRACKING WORKSHEET:**

Use this worksheet to track your monthly claims. If the claims exceed the amount encumbered, your supervisor will have to authorize an increase to the encumbrance by signing below.

Month	Claim Amount	Date Submitted	Encumbrance Balance
JUL			
AUG			
SEP			
OCT			
NOV			
DEC			

Month	Claim Amount	Date Submitted	Encumbrance Balance
JAN			
FEB			
MAR			
APR			
MAY			
JUN			

I authorize an increase to the encumbrance in the amount of \$ \_\_\_\_\_.

**NEW ENCUMBRANCE TOTAL \$** \_\_\_\_\_

\_\_\_\_\_  
 Supervisor Print Name Signature Date