



**HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA**

**VEHICLE EXPENSE CLAIM**

(Effective: 1/1/25 thru 12/31/25)

For the Month of \_\_\_\_\_, 20\_\_\_\_

NAME: \_\_\_\_\_

Please print or type. Prepare one form for each month. Please note: Use a Travel Expense form for any mileage associated with conferences and/or training. The undersigned represents that he/she has insurance on his/her vehicle in accordance with the California Department of Motor Vehicles laws and rules.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mileage Allowance \_\_\_\_\_ miles @ 70 cents for each mile \$ \_\_\_\_\_

Parking/Bridge Tolls \$ \_\_\_\_\_

Minimum Allowance: If the car was used at least 8 days in month and the allowance is less than \$10.00, enter \$10.00 in lieu of mileage allowance \$ \_\_\_\_\_

Premium Allowance: If the car was used at least 15 days in month and 20 lbs., or more of records, manuals, and supplies were carried, enter \$12.00 \$ \_\_\_\_\_

**TOTAL CLAIMED** \$ \_\_\_\_\_

**DEPARTMENT HEAD CERTIFICATION**

I hereby certify that expenses specified in the above claim were required in accordance with Article 15.F of the Housing Authority's M.O.U. Requests for mileage reimbursement must be submitted within 60 days of the end of the month for which reimbursement is requested.

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

Vendor No: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Coding: \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_