



Accounts Payable Services

TRAVEL MILEAGE ACKNOWLEDGMENT AGREEMENT

I have read and understand the intent and contents of the Travel Mileage Reimbursement Policy. I understand that I am responsible for abiding by the City of Chicago and City Colleges of Chicago Policies.

I further certify I am in compliance with the Travel Mileage Reimbursement Policy which includes but is not limited to seatbelt usage, cell phone usage, insurance requirements, no city debt and moving/DUI violation restrictions.

Failure to comply with this Policy and related procedures may make me as an employee accountable for any questionable expenditure(s)/documentation that may be subject to disciplinary action up to termination of employment.

Signature/Firma: _____ **Date/Fecha:** _____

Print Name/Nombre escrito: _____
First Middle Initial and Last/Nombre, segundo nombre y apellido

Business Unit/Unidad de negocio: _____

Department/Departamento: _____

I, _____ authorize the above employee to use their personal vehicle while performing business on behalf of the District.

Signature/Firma:

Date/Fecha: