

Medaille College Mileage Reimbursement Request

Name _____ Department _____

Nature of Travel _____

Location _____

| Date | To (Location) | From (Destination) | Number of Miles | Meals* | Tolls* | Other* | Total |
|------|------------------|-----------------------|--------------------|--------|--------|--------|-------|
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*Attach Receipts for These Expenses

Add Total Miles _____ @ .50 per mile _____

Total of this Request _____

Signature _____ Date _____

Department Approval _____ Date _____

NO REIMBURSEMENT GIVEN WITHOUT RECEIPTS

| | |
|--|--|
| <p>DB. Distribution _____</p> <p>Account No. _____</p> <p>Approved for Payment _____</p> | <p>Encumbered By _____</p> <p>Date _____</p> |
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