

## Medaille College Mileage Reimbursement Request

Name \_\_\_\_\_ Department \_\_\_\_\_

Nature of Travel \_\_\_\_\_

Location \_\_\_\_\_

Date	To (Location)	From (Destination)	Number of Miles	Meals*	Tolls*	Other*	Total

\*Attach Receipts for These Expenses

Add Total Miles \_\_\_\_\_ @ .55 per mile \_\_\_\_\_

Total of this Request \_\_\_\_\_

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

Department Approval \_\_\_\_\_ Date \_\_\_\_\_

**NO REIMBURSEMENT GIVEN WITHOUT RECEIPTS**

DB. Distribution Account No. _____ Approved for Payment _____	Encumbered By _____ Date _____
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