

## Medaille College Mileage Reimbursement Request

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

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

Location \_\_\_\_\_

Date	To (Location)	From (Destination)	Number of Miles	Meals* (\$50 per day)	Tolls*	Other*	Total

\*Attach Receipts for These Expenses

Add Total Miles \_\_\_\_\_ @ 54 cents per mile \_\_\_\_\_

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

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

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

**NO REIMBURSEMENT GIVEN WITHOUT RECEIPTS**

<p>DB. Distribution _____</p> <p>Budget Line _____</p> <p>Approved for Payment _____</p>	<p>Encumbered By _____</p> <p>Date _____</p>
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