

Mileage Reimbursement for Student Drivers in Courses with Required Service-Learning Components

For students in courses with *required* service-learning components, the Office for Service-Learning will reimburse drivers for documented mileage when driving their own cars. Accounts Payable requests that students turn in requests for reimbursement on a monthly or bi-monthly basis. To be reimbursed:

1. Use the **Mileage Tracking Sheet** below (Directions from Google, MapQuest, etc. will state the mileage. Please attached these directions if you have them but toss the cover sheet if from an Open Arms route.)
2. Include your ID # and complete section one of the **Student Reimbursement Form** on the other side of this sheet. You can also link to this form at:
<http://insideust.stthomas.edu/accountspayable/forms/Student%20Reimbursement.pdf>

Send both forms (this sheet) **to the Office for Service-Learning at Mail 4064 or drop them off in Murray-Herrick 159 for approval.**

Mileage Tracking Sheet

Date	Destination	Business Purpose	Miles Driven	Amount
<i>Example:</i> 9/30/10	Chrisbarb Lane, So. St. Paul Blueberry St., W. St. Paul	Class service-learning project – THEO 200 (Vrudny)	33	\$ X XX
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			TOTAL	\$ -

*Note: the 2011 mileage rate from the IRS is \$0.51 (cents) per mile.



Student Reimbursement Form (Office of Service-Learning)

Please **PRINT** neatly

Date: _____

_____	_____	_____
First Name	Last Name	Student ID #
_____	_____	
Phone	Email	

Check appropriate box:

Service Learning "student" mileage reimbursement (**complete back-side of this page**)

Class #/Title _____ Instructor _____

Name of service-learning site/org: _____

Service Learning supply purchase (**must attach receipts**)
amount: \$ _____

Service Learning bus card reimbursement (**must attach receipt**)
amount: \$ _____

Service Learning parking reimbursement
amount: \$ _____

Service Learning OTHER reimbursement
amount: \$ _____

Purpose: Briefly explain the purpose for reimbursement

For office use only

Supervisor signature of approval: _____ Date: _____