

MIAMI DADE COLLEGE
MONTHLY MILEAGE REIMBURSEMENT REQUEST

This form is used to request monthly reimbursement for travel expenses incurred in the conduct of College business and in accordance with MDC Procedure 3400. For reimbursements under \$100, present this form to the Campus Bursar's Office. For reimbursements above \$100, send approved form and Disbursement Request to Accounts Payable.

COMPUTATION OF MILEAGE (see reverse for mileage chart)

DATE	FROM	TO	MILES ONE-WAY	MILES ROUNDTRIP	TOTAL MILEAGE

Total miles for the month _____ miles x _____	=	Total mileage expense	\$ _____
(Rate)		Parking Fees (Attach Receipts)	\$ _____
Account Number: _____		Highway Tolls, Metrorail Tolls	\$ _____
Cost Center Object Code		Total Reimbursable Expense	<u>\$ _____</u>

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties. Additionally, I certify that I had a minimum of \$10,000 / \$20,000 public liability and \$5,000 property damage insurance on the vehicle used for the above detailed College-related travel, as required by MDC College Procedure 3400.

Name of Traveler (Print)	Employee # or MDID	Signature
Date	Department	Campus

I certify that I had liability on the vehicle used in the above detailed College-related travel.

Signature of Traveler	Telephone	Department Head Approval
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NOTE: If an individual other than the traveler named above is to receive the above amount, the following authorization is required:

I hereby authorize _____ to receive this reimbursement.
Printed Name

Signature of Traveler

FOR BURSAR'S OFFICE USE ONLY				
Petty Cash Receipt No.	Bursar Employee Signature	Date	Rec'd By:	Signature

AUTHORIZED MILEAGE CHART FOR INTER-CAMPUS TRAVEL

	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO
FROM	NORTH CAMPUS	KENDALL CAMPUS	WOLFSON CAMPUS	MEDICAL CAMPUS	HOMESTEAD CAMPUS	INTER-AMERICAN CAMPUS	AVIATION TAMIAMI AIRPORT	HIALEAH CAMPUS	MIAMI INT'L AIRPORT	ENTREPRE-NEURIAL CENTER	WEST CAMPUS
NORTH CAMPUS	--	22	10	8	42	8	29	5	7	5	16
KENDALL CAMPUS	22	--	16	17	20	15	5	15	14	20	12
WOLFSON CAMPUS	10	16	--	2	37	5	21	16	7	5	15
MEDICAL CAMPUS	8	17	2	--	36	4	22	10	4	3	12
HOMESTEAD CAMPUS	42	20	37	36	--	35	21	34	33	39	29
INTER-AMERICAN CAMPUS	8	15	5	4	35	--	21	13	6	7	13
AVIATION TAMIAMI AIRPORT	29	5	21	22	21	21	--	21	20	25	15
HIALEAH CAMPUS	5	15	16	10	34	13	21	--	7	10	8
MIAMI INT'L AIRPORT	7	14	7	4	33	6	20	7	--	6	7
ENTREPRE-NEURIAL CENTER	5	20	5	3	39	7	25	10	6	--	13
WEST CAMPUS	16	12	15	12	29	13	15	8	7	13	--