

GASOLINE REIMBURSEMENT FORM

AAS BUDGETARY COMMITTEE

(To be submitted with a check requisition form – use this form along with your receipts. Attach additional forms as needed.)

Organization name: _____
 Event for _____
 Reimbursement: _____
 Location of event: _____

DIRECTIONS: Complete this form by filling all of the blanks below. If you would like one combined check for all the drivers (e.g. made out to your organization), indicate below; otherwise, a separate check will be made out to each driver. Please include box numbers.

Total number of cars: _____
 Total number of drivers + passengers: _____
 Total number of miles per car: _____

Names and signatures of drivers:

| | Name | Signature | Box |
|-----|-------|-----------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ |

Please select a form of reimbursement

OPTION 1: one check (Made out to: _____ Box : _____)

_____ x _____ x 7¢ per mile = \$ _____ (grand total)
Cars # Miles

OPTION 2: one check per driver

_____ x 7¢ per mile = \$ _____ (total for each driver)