



## Mileage Reimbursement Form

### **\$100 Maximum Reimbursement Per Semester/Per Student**

Today's Date: \_\_\_\_\_

#### **Personal Information**

Name: \_\_\_\_\_

College: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Professor: \_\_\_\_\_

Internship Site: \_\_\_\_\_

#### **Check Information**

Write check to: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Send check to this address: \_\_\_\_\_

Purpose of Trip:      Field Trip  Internship  Other: \_\_\_\_\_

- **Print out each (different) trip's mapquest directions (TEXT ONLY) and attach them to this page.**
- **Miles claimed MUST match Map Quest printout – do NOT round or estimate.**
- **Map Quest printouts must be one way/ use Pitzer as the starting point:**

**1050 N. Mills Ave., Claremont, CA 91711**

Site Name:	Miles To:	Roundtrip:	# of Trips:	Trip Dates – list all	Total Miles:

**Total Distance = \_\_\_\_\_**

#### **Calculations**

Multiply your *total* distance by \$0.565 (the amount reimbursed per mile) to calculate the total amount you will be reimbursed.

- o **Ex:**    180 miles x 0.565 = \$101.70    **Reimbursement Total** \_\_\_\_\_