

****Complete this form when claiming mileage only. If additional items are being claimed, please complete the Travel Expense Report Form****

Payee ID #	<input type="text"/>	Fund	<input type="text"/>
Payee Name	<input type="text"/>	Organization	<input type="text"/>
Payee Address	<input type="text"/>	Account	<input type="text"/>
	<input type="text"/>	Program	<input type="text"/>
	<input type="text"/>	Activity code	<input type="text"/>
	<input type="text"/>	Location	<input type="text"/>

Use the following worksheet to calculate miles based on odometer readings. This section is not required.

Beginning mileage: Ending mileage: Applicable mileage:

Enter data below for mileage traveled using a personal vehicle for college-related business purposes.

Date	Miles	Purpose/Destination
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Miles	<input type="text"/>	X mileage rate <input type="text"/> = Amount due to traveler <input type="text"/>

I certify that I have examined this request and that all expenses meet those outlined in Franklin and Marshall College's expenditure policy. I also certify that the mileage expenses claimed are true and accurate to the best of my knowledge. All mileage stated above is for college business purposes only and not for personal use.

Requested by: _____
Printed Name *Signature* *Date*

Approved by: _____
Printed Name *Signature* *Date*