



BUSINESS OFFICE
(585) 385-8055

MILEAGE REIMBURSEMENT FORM

PAYEE NAME _____
Print

DEPARTMENT _____
Print

BANNER ID NUMBER _____

BANNER FOAP _____

PAYEE STATUS

☐

COLLEGE EMPLOYEE

☐

COLLEGE STUDENT

☐

OTHER

This form with appropriate documentation **MUST BE SUBMITTED WITHIN 25 DAYS FROM THE LAST DAY OF TRAVEL TO BE ELIGIBLE FOR REIMBURSEMENT.** Clearly state the College Business purpose of each trip. All trips must be listed individually, use additional pages if necessary. If odometer readings are not provided for each trip, a map **MUST** be attached showing the distance driven. Tolls will be reimbursed when receipts or EZ-PASS usage reports are attached.

				ODOMETER READING			
DATE	PURPOSE OF TRIP	ORIGIN	DESTINATION	START	END	DISTANCE	TOLLS
The mileage reimbursement rate is determined by the IRS and is subject to change.						TOTAL MILES DRIVEN	
						TOTAL MILEAGE @ 54.0 cents per mile	
						TOTAL →	

I hereby certify that the mileage listed on this form is accurate and for the conduct of business at St. John Fisher College.

I hereby certify that the mileage and any tolls listed on this form have been reviewed. I approve this reimbursement.

PAYEE SIGNATURE _____ DATE _____

APPROVER SIGNATURE _____ DATE _____

NOTE 1: Approximate processing time -- **25 business days** from date of receipt by the Accounts Payable Department. Improperly completed forms or forms submitted without the appropriate documentation will not be processed and will be returned to the Approver.

NOTE 2: Reimbursement and/or payment requests that are not submitted within a reasonable time period to the Business Office will require additional approvals including the divisional Vice President or Provost. Generally, a reasonable time period is (1) within 20 days after the fiscal year end or (2) within 45 days of the activity or purchase date.

INSTRUCTIONS FOR MILEAGE REIMBURSEMENT FORM

Please print legibly and complete the entire form. “On File” is not an acceptable response, even if the payee has been reimbursed in the past.

PAYEE NAME:

- The person’s legal name must be provided with middle initial, i.e. William E. Smith (not Bill Smith).

BANNER ID NUMBER:

- Provide the payee's Banner ID number.

DEPARTMENT:

- Provide the department that the payee works in and is submitting the reimbursement for.

BANNER FOAP:

- Provide complete FOAP (Fund, Org, Account, and Program) to be charged for the total amount listed.

PAYEE STATUS:

- Indicate the appropriate box for the payee.

DATE, PURPOSE, ORIGIN, DESTINATION, START, END, DISTANCE, and TOLLS

- Complete and attach all documentation necessary to support payment for the items listed. Receipts or EZ-Pass usage reports **must** clearly indicate the date, location, and tolls.
- If odometer readings are not provided for each trip, a map **MUST** be attached showing the distance driven (i.e. MapQuest).
- The distance is the difference between the starting and ending odometer readings.

TOTAL MILES DRIVEN

- The total miles driven is the sum of the distance column.

TOTAL MILEAGE and TOLLS

- The total mileage is the total miles driven times the current mileage rate.
- The total amount for tolls is the sum of the tolls column.

TOTAL

- The total to be reimbursed is the sum of the total mileage and the total for tolls.

PAYEE SIGNATURE and DATE

- The payee must sign and date the form certifying that the mileage is accurate and for the conduct of business at St. John Fisher College.

APPROVER SIGNATURE and DATE

- The Budget Manager (person responsible for each FOAP) must sign and date the form certifying that the reimbursement has been reviewed and approved.
- An individual cannot request and approve payment for personal reimbursement. Therefore, a payment to a Budget Manager requires their Supervisor's approval. The Payee and the Approver cannot be the same person.

Please allow adequate processing time for this payment. Incomplete forms will add to the time required to meet your request.