



MILEAGE REIMBURSEMENT

Non-overnight travel under \$100 (Local Accounts Only)

Reimbursement processed through the Business Office:

(Does not have to be audited by Travel)

SECTION 1: Traveler Information

| | | |
|---|--------|--------|
| Date: | UIN #: | Phone: |
| Traveler's Name: (Print) | | |
| I certify that the expenses stated below were incurred by me for official University business and are accurate. I am not requesting reimbursement from any other source. | | |

SECTION 2: Please select type(s) of mileage to process

- ☐ Airport (30 miles round-trip) (no proof required) \$ _____
(TAMU-CC to CC International Airport) @ .555 cents per mile = \$16.65
- ☐ Google Maps or Map Quest Total miles _____ @ .555 cents per mile \$ _____
(Attach copy)
- ☐ Odometer readings: Total miles _____ @ .555 cents per mile \$ _____

Must include: 1. Date, 2. Start & End odometer readings, 3. Total miles, 4. From & To destination, and 5. Reason for trip:

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

- ☐ Parking: (receipt required) \$ _____
- ☐ Taxi: (receipt required) \$ _____

TOTAL AMOUNT: \$ _____

SECTION 3: Department Account Manager

Account Manager certifies that the requested expenditure(s) are in compliance with Federal, State, and University regulations and sufficient budget is available in the account. These purchases are exempt from State & City Sales Taxes under Chapter 20, Title 122A, Revised Civil Statutes of Texas.

APPROVAL: _____ Date: _____

Print Name: _____

CODING AREA:

| | Account Name | Account # | Object Code | Amount |
|----|--------------|-----------|-------------|--------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

TOTAL AMOUNT: \$ _____

SECTION 4: Business Office

Upon signing below, I have received my reimbursement.

Traveler's signature: _____ Date: _____

☐ Check if someone other than Traveler will pick up reimbursement.

Designee's signature: _____ Date: _____