



WESTERN CONNECTICUT STATE UNIVERSITY

MILEAGE REIMBURSEMENT FORM

Revised: 1/15

Office Use Only:

Account No. _____

731200/732100 _____

731205/732105 _____

Total Reimbursement: _____

Ins. Coverage: _____

Month/Year _____

Name _____

Street Address _____

City _____

Banner ID # _____

If State Car is Used List License Plate # _____

Please Note: No payment for use of personally owned vehicles is permitted for (a) home to office travel, (b) any activity except official state business, (c) participation in any activity in which an honorarium, stipend, monetary fee or gift of any value is given to the employee involved. The mileage chart should be used for CSU travel if leaving from WCSU.

Employees must note the point of departure (i.e. work or home) and attach a MapQuest sheet detailing the point of departure and destination. Reimbursement shall be made based on the MapQuest sheet less employees daily commute to the University. A MapQuest sheet of the distance between your home and work must also be attached.

If traveling between WCSU and another CSU school or Systems Office, the mileage chart must be used.

* A printout from MapQuest is required for each travel trip. To access MapQuest - go to <http://www.mapquest.com/>

**A receipt must be attached for miscellaneous expenses (i.e. parking, tolls, etc).

CSU Mileage Chart: <http://www.wcsu.edu/travel/Guide/page09.asp>

Date	Required Travel Information: Starting, Arrive At & Return To Address, City & State for Each Trip		Reason for Trip	Miles *	Tolls/Misc.**
	Starting Address, City, State:				
	Arrive at Address, City, State:				
	Return to Address, City, State:				
	Starting Address, City, State:				
	Arrive at Address, City, State:				
	Return to Address, City, State:				
	Starting Address, City, State:				
	Arrive at Address, City, State:				
	Return to Address, City, State:				
	Starting Address, City, State:				
	Arrive at Address, City, State:				
	Return to Address, City, State:				
	Starting Address, City, State:				
	Arrive at Address, City, State:				
	Return to Address, City, State:				
			TOTALS		

Employee Signature _____ Date _____

Dean's or Supervisor's Approval _____ Date _____

Director of Administrative Services Approval _____ Date _____