



EMPLOYEE MILEAGE REIMBURSEMENT REQUEST

Name _____
Address _____

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***Employee ID REQUIRED** Rate Per Mile Amount to be Paid *** Account Number REQUIRED**

Date	Beginning Odometer	Ending Odometer	*Miles	Reason for Travel

Note: Mileage Reimbursement Requests must be submitted within 60 days after the last date of travel listed above. **However, in no case will an employee be reimbursed for mileage submitted later than six (6) months after that date.** Mileage shall not exceed the mileage from the main campus to your destination.

I hereby certify that the above is a true report of the use of my personal automobile in the performance of my duties as an employee of Grand Rapids Community College, and that I have liability and property insurance on this vehicle in accordance with current Michigan statutes.

Employee Signature _____ Date _____
Supervisor/Dean's _____ Date _____
Signature

After Supervisor/Dean approval, this form can be sent back to the employee. Employee is then responsible for submitting form electronically to the appropriate email folder. See instructions on the Finance & Administration Website @ <http://www.grcc.edu/financeandadministration>.

***If this information is missing, your request will be returned to you.**

