

ADJUNCT FACULTY MILEAGE REIMBURSEMENT REQUEST
FOR TEACHING ASSIGNMENT TRAVEL

- a) To be eligible for mileage reimbursement, an adjunct faculty member **must be assigned to teach at more than one work site** (downtown campus includes Learning Corners, MTEC and DeVos Campus) **during any given day during the semester/session.**
- b) Only mileage beyond the normal commute is compensable.
- c) "Normal commute" is the round trip distance from a faculty member's home to the downtown campus locations (including Learning Corners, MTEC and DeVos Campus)

Name _____

Address _____

- A. Mileage from home address (listed above) to downtown campus _____
- B. Mileage from downtown campus to off-campus work site _____
- C. Mileage from home address (listed above) to off-campus work site _____

Name of off-campus work site(s) where you teach _____

Attach your work schedule (for example, copy of condition of classes).

Please submit this mileage reimbursement no later than 10 days after the end of the semester in which the miles were driven. No mileage will be reimbursed if submitted more than six (6) months from the time of expenditure (i.e., mileage incurred in January shall be submitted for reimbursement within six (6) months of the date of travel).

Mileage – home to downtown (A)	
Mileage –between work sites (B)	
Mileage – home from off site location (C)	
Total	
Less normal commute (round trip)	
= Reimbursable mileage per day	
Number of days of travel between sites	
Total mileage to be reimbursed	

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

Employee Signature _____

Date _____

Dates of Travel to Off-Campus Work Site		
Date	Date	Date
1	12	23
2	13	24
3	14	25
4	15	26
5	16	27
6	17	28
7	18	29
8	18	30
9	20	31
10	21	32
11	22	33

Associate Dean's Signature _____

Human Resource Generalist _____

Financial Services Approval _____

Date _____

Date _____

Date _____

To be completed by Associate Dean:

IRS Rate per Mile

Account Number

Amount Due