

Mileage Reimbursement Form

\$100 Maximum Reimbursement Per Semester/Per Student

Personal Information			To	oday's Date:	
Name:			Co	ollege:	<u>-</u>
Title of Class:			Pı	rofessor:	_
Internship Site:					
Check Information					
Write check to:					
Student ID Number:					<u> </u>
Send check to this address:					_
Purpose of Trip: Field Trip Internship Other:					
- Print out each (different) trip's mapquest directions (TEXT ONLY) and attach them to this page.					
- Miles claimed MUST match Map Quest printout – do NOT round or estimate.					
- Double the "miles to" to get the "roundtrip" miles.					
- Map Quest printouts must be one way/ use Pitzer as the starting point:					
1050 N. Mills Ave., Claremont, CA 91711					
Site Name:	# Miles To:	# Roundtrip	# of Trips:	Trip Dates – list all	Total Miles:
		Miles:			
Total Distance =					

Calculations

Multiply your *total* distance by \$0.54 (the amount reimbursed per mile) to calculate the total amount you will be reimbursed. Enter your total miles even they exceed the \$100 limit. You will be reimbursed UP TO \$100.

o Ex: 180 miles x 0.54 = \$97.20 Reimbursement Total _____