

## MILEAGE REIMBURSEMENT REQUEST

**This form is used to request reimbursement for mileage.**

**Employee Name:** \_\_\_\_\_

**Employee Banner ID#:** \_\_\_\_\_

Department Index Code: \_\_\_\_\_ Account: 714330

**Total Miles Claimed: \_\_\_\_\_ at \_\_\_\_\_ cents per mile (from the County form) equals:**

**Total Reimbursement Request:        \$**

**I certify this is a true and just claim for expenses incurred on behalf of the College and that no part has been previously reimbursed.**

**Employee:** \_\_\_\_\_

**Signature**                      **Date**

Approved by: \_\_\_\_\_

Administrator Signature	Title	Date

**Mileage reimbursement is a direct payment. There is no purchase order.**

## INSTRUCTIONS –

- 1. Complete the County Mileage claim form for travel in Suffolk County:**

[http://suffolkhome/audit/Mileage/MileageRequest\\_frm.aspx](http://suffolkhome/audit/Mileage/MileageRequest_frm.aspx)

2. **Attach documentation for any (and all) mileage to/from non-Suffolk County locations.**
3. **Calculate and bring the total miles and total reimbursement requested to this document.**
4. **Sign this document.**
5. **Forward to Accounts Payable, Room 232 NFL Building.**

**If there are questions on requests regarding the reimbursement of mileage claimed, Accounts Payable will process checks for unquestioned items, allowing expedited payment of those and follow-up with the traveler on questioned items.**