



# Mileage Reimbursement Form

FY14

Use this form when claiming only mileage. If claiming other travel expenses, please use the *Travel Expense Report Form - EMPLOYEE* or *Travel Expense Report Form - NON-EMPLOYEE*.

Employee Name \_\_\_\_\_ Employee ID

Org/Dept. Name \_\_\_\_\_ Org Number

Car  Van Account Number

Mileage Rate \_\_\_\_\_ Activity Code

Use the following worksheet to calculate miles based on odometer readings. This section is not required to be completed.

Beginning MI: \_\_\_\_\_ Ending MI: \_\_\_\_\_ Applicable MI: \_\_\_\_\_

Enter data below for mileage traveled using a personal vehicle for college-related business purposes.

Date	Miles	Purpose/Description
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Miles  X Mileage Rate  = Amount Due To Traveler

I certify that I have examined this request and that all expenses meet those outlined in Messiah College's expenditure policy and purchasing policies. I also certify that the mileage expenses claimed are true and accurate to the best of my knowledge. All mileage stated above is for college business purposes only and not for personal use.

Employee/Cardholder \_\_\_\_\_

*Printed Name* *Signature* *Date*

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Supervisor / VP \_\_\_\_\_

*Printed Name* *Signature* *Date*