



**WEBER STATE UNIVERSITY**  
1014 University Circle  
Ogden, UT 84408-1014  
Phone: (801) 626-6606 Fax: (801) 626-7464

**Mileage Reimbursement Form**  
**Check Request for Mileage over \$100**  
(Use petty cash for \$100 or less)

**WSU EMPLOYEES ONLY-Use requisition if not an employee**

**Accounting Services**

Invoice number: I

Check number:

Date:

Vendor Number: W

Name:		SSN or WSU ID:	
Address:			
City:		State:	Zip:
Amount: \$		Date:	
Index (old FRS account)	Fund	Orgn	Account (old subcode)

Date	Purpose of Trip	Standard Mileage* or Odometer Reading			
		From	To	One-way or round trip (x 2)	Total miles
Attach additional sheet if necessary. *See <a href="http://departments.weber.edu/purchasing/Travel/default.htm">http://departments.weber.edu/purchasing/Travel/default.htm</a> for mileage rates and standard mileage.				Total mileage	
				Total X rate	\$

I certify that this was a necessary expense for Weber State University and that I have not been, nor will be reimbursed from any other source.

\_\_\_\_\_  
Traveler's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date

☐ Additional sheet attached.

**Please note all signatures must be present before a check can be processed. When complete, return to Accounting Services, MC 1014. Checks will be mailed directly unless otherwise noted.**