

SDSU RESEARCH FOUNDATION

MILEAGE REIMBURSEMENT REQUEST 2012

Please complete all items below and attach appropriate documentation. Sample signatures of authorized approving representatives must be on file at SDSU Research Foundation and must agree with signatures on this request. Forward completed document to SDSU Research Foundation Sponsored Research Administration, MC1934.

SDSURF Inv#

DE by:

Payee's Legal Name:			
Address Line One:			
Address Line Two:			
City:	State:	Zip Code:	Phone:
Are you an employee or a student of SDSU or SDSU Research Foundation?		<input type="radio"/> Yes <input type="radio"/> No	If yes, enter SDSU Red ID Number: <input type="text"/>

This form is to be completed at least monthly and pertains only to private vehicle mileage. **Please provide a detailed listing of your mileage on page 2 of this form and enter the applicable mileage rate in the box below.** "Total Claim" is number of miles times rate per mile plus additional parking and tolls paid. Note: If a funding agency has more restrictive travel rates than SDSU Research Foundation's, the agency rates must be used.

Current approved SDSURF rate effective July 1, 2011 = \$.555 per mile

Prior approved SDSURF rate effective Jan 1, 2011 through June 30, 2011 = **\$.51** per mile.

NOTE: Other rates may apply based on grant restrictions and/or may be less than the IRS approved rates.

ENTER RATE USED:	Per Mile	MILES CLAIMED (from page 2)
PARKING/TOLL (from page 2): \$		TOTAL CLAIM: \$

I hereby certify that the above is a true statement of my SDSU Research Foundation business travel. If claiming an exception based on travel outside the metropolitan area, I certify that the mileage I am claiming is in excess of the number of miles I would normally drive between my residence and my normal place of work. If claiming a "home office" exception, I have attached my Certification of Eligibility for Reimbursement of Automobile Mileage – Office in Home form.

I also certify that I, 1) have a valid California drivers license, 2) have a current vehicle registration, 3) am covered by liability in at least the minimum amount prescribed by State law, and 4) my vehicle is in safe mechanical condition as required by State law.

Payee Signature: _____ Date: _____

ACCOUNTING DISTRIBUTION				
Fund		Account	%	Or \$ Amount

CHECK TOTAL: \$

Project Signature:	Date:
SDSURF Signature:	Date:
Additional Signature:	Date:

Please choose one: (Final will close purchase order) Final payment Partial Payment

FOR EMERGENCY USE ONLY
CHECK DISTRIBUTION
Send To:
EXT:
For Pickup by:

Below is for SDSURF Staff use only	
Vendor ID Number:	P.O or G.E. Number:
Vendor Invoice Date	Check Due Date:
Vendor Invoice Number (15 characters may only use once):	

