Mileage Reimbursement Form

2015 Mileage rate - $.575 per mile
2016 Mileage rate (as of 1/1/2016) - $.54 per mile

Payment Information (to be completed by payee)

Name: ___________________________

ID# (optional): ________________

Description of business travel: ___________________________________________________

Dates of Travel: ___________________________

# of miles (round trip): ___________ (attach MapQuest report if available)

Reimbursement amount $___________ (check Finance website for current rate)

FOAP __________ - ____________ - ____________ - ______

FOAP __________ - ____________ - ____________ - ______ (split between multiple orgs)

Requested by: ___________________________ Date: ______________

Approver Signature: ___________________________ Date: ______________

SECTION 3 Special Instructions

________________________________________________________________________

If you have any questions, please contact Jill Thomas (719) 389-6782