



COLORADO COLLEGE

Mileage Reimbursement Form

2020 Mileage rate (as of 1/1/2020) - \$.575 per mile

Payment Information (to be completed by payee)

Name: _____

ID#: _____

Description of business travel: _____

Dates of Travel: _____

of miles (round trip): _____ (attach MapQuest/ GoogleMaps report)

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 David Redinger 389-6782