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