Mileage Reimbursement Form

2023 Mileage rate (as of 1/1/2023) - $.655 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 Accounts Payable 389-6782