MILEAGE REIMBURSEMENT FORM

January 1-December 31, 2016*

Name _____

School: _____

Department/Program: _____

Account Number: _____

Date	Trip Purpose and Itemized Distance	Miles
	Total Miles	0.00
	IRS Mileage Rate (effective 1/1/16)	0.540
	Mileage Reimbursement	0.00

I certify that the travel indicated above was necessary and that the distances charged for are accurate to the best of my knowledge.

BUSINESS OFFICE

Employee Signature: _____ Date _____

Supervisor Name: _____ Date _____

Supervisor Signature: _____ Date _____

v.07.20.2016

Please note mileage reimbursement requests for the 2016 calender year will not be accepted after December 31, 2016