**MILEAGE REIMBURSEMENT**

Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TRIP | TRAVEL DATE | ORIGIN – DESTINATION | PURPOSE OF TRIP | TRIP MILEAGE |
| A |  |  |  |  |
| B |  |  |  |  |
| C |  |  |  |  |
| D |  |  |  |  |
| E |  |  |  |  |
| F |  |  |  |  |
| G |  |  |  |  |
| H |  |  |  |  |
| I |  |  |  |  |
| J |  |  |  |  |
|  |  |  |  |  |
|  |  |  | TOTAL MILEAGE: |  |
|  |  |  | REIMBURSEMENT RATE: | *$0.40* *per mile* |
|  |  |  | TOTAL AMOUNT: | $ |

*All travel must be pre-approved by your direct supervisor.*

*All reimbursement requests must be submitted within 30 days.*

**AUTHORIZATION:**

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chief Operating Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairwoman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_