MILEAGE REIMBURSEMENT FORM

January 1-December 31, 2022*

Name _____

School: _____

Department/Program: _____

Account Number: _____

Date	Trip Purpose and Itemized Distance	Miles

Total Miles	0.00
IRS Mileage Rate (effective 1/1/22)	$0.585
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 _____

Please note mileage reimbursement requests for the 2022 calendar year will not be accepted after January 6, 2023.

Please submit one form per month.

v.01.02.2022