



# MILEAGE REIMBURSEMENT FORM

January 1-December 31, 2018\*

Name \_\_\_\_\_

School: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date	Trip Purpose and Itemized Distance	Miles
Total Miles		0.00
IRS Mileage Rate (effective 1/1/18)		0.545
Mileage Reimbursement		<u>0.00</u>

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

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_



\*Please note mileage reimbursement requests for the 2018 calendar year will not be accepted after December 31, 2018.