MESSIAH COLLEGE

Mileage Reimbursement Form

Print Form

FY14

Use this form when claiming only mileage. If claiming other travel expenses, please use the *Travel Expense Report Form - EMPLOYEE* or *Travel Expense Report Form - NON-EMPLOYEE*.

Employee Name _____

Org/Dept. Name _____

◉ Car ○ Van

Mileage Rate _____

Employee ID | | | | | | | | |

Org Number | | | | |

Account Number | | | | |

Activity Code | | | | | | |

Use the following worksheet to calculate miles based on odometer readings. This section is not required to be completed.

Beginning MI: _____ Ending MI: _____ Applicable MI: _____

Enter data below for mileage traveled using a personal vehicle for college-related business purposes.

Date	Miles	Purpose/Description

Total Miles _____ X Mileage Rate _____ **= Amount Due To Traveler** _____

I certify that I have examined this request and that all expenses meet those outlined in Messiah College's expenditure policy and purchasing policies. I also certify that the mileage expenses claimed are true and accurate to the best of my knowledge. All mileagestated above is for college business purposes only and not for personal use.

Employee/Cardholder

Printed Name *Signature* *Date*

Supervisor / VP

Printed Name *Signature* *Date*