



Student Organizations Mileage Reimbursement Form

Use this form to request mileage reimbursement to individuals or organizations for travel expenses that were paid for beforehand by the Drury University Student Government Association.

Personal Information

Name _____ Drury ID _____
Email _____ Date of request _____
Group Name _____
Account number _____
Campus Advisor(s) _____
Purpose of Trip _____

Travel Information

Date	Traveling From	Destination	Round Trip?	Miles

Total Miles _____

X \$0.28 per mile \$0.28

Total to be Reimbursed _____

Requestor Signature _____ Date _____

Advisor/Budget Manager Signature _____ Date _____

Dean of Students Signature _____ Date _____

Unless requested, check will be held for pickup at the Drury University Business Office (Burnham 100).

If check is to be mailed, please complete the following information:

Name _____

Address _____

City _____ State _____ Zip Code _____