

Local Mileage Request

This request, if approved, is for the named employee and current fiscal year only. An approved request must be obtained for each fiscal year in order to be reimbursed for mileage. Every effort should be made to schedule University owned vehicles for local travel. Once the top portion of this form has been completed and all approval signatures have been obtained, copy one form each period and complete the bottom portion for reimbursement.

Employee Name: _____

Date: _____

Employee ID Number: _____

Department: _____

Please provide the reason for this request:

Applicant: _____
Please Print

Signature

Date: _____

Budget Mgr: _____
Please Print

Signature

Date: _____

Dean/VP: _____
Please Print

Signature

Date: _____

Procurement: _____
Please Print

Signature

Date: _____

Complete the log below and attach one mapquest for each destination. If more space is needed attach a spreadsheet. Forward to Accounts Payable when total dollars exceed \$50 but not more frequently than monthly. **Year End Exception** – Any unpaid request at year end, regardless of dollar amount, must be received by AP not later than July 10th in order to be paid.

Date	Description	Miles
	Employee Signature	Total Miles
	Supervisor Signature	Total Dollars