Local Mileage Request

FY:

This request, if approved, is for the named employee. 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 all signatures are obtained, this will need to be included with every Local Mileage Reimbursement request on a monthly basis.

Employee Name: Date:

Employee ID Number: Department:

Please provide the reason for this request and why a University owned vehicle cannot be used:

Applicant:_____ _____ Date:_____
Please Print Signature

Budget Mgr:_____ _____ Date:_____
Please Print Signature

Leadership/ director: _____ _____ Date:_____
Please Print Signature

Human Resources:_____ _____ Date:_____
Please Print Signature

Provide the following below to the best of your ability and based of previous years requests. Typical locations that you will visit (listed), the reason for that visit, and frequency of visits to that location. Please attach the fully signed form to the corresponding expense report (ER) each month - your miles will be recorded within the expense management system that will also provide the map. You will need to renew each fiscal year.

Location	Reason	Frequency