

**Medaille University  
Mileage Reimbursement Request**

Name \_\_\_\_\_ Department \_\_\_\_\_

Nature of Travel \_\_\_\_\_

Location \_\_\_\_\_

Date	To (Location)	From (Destination)	Number of Miles	Meals* (\$50 per day)	Tolls*	Other*	Total

\*Attach Receipts for These Expenses

Add Total Miles \_\_\_\_\_ @ 65.5 cents per mile \_\_\_\_\_

Total of this Request \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Approval \_\_\_\_\_ Date \_\_\_\_\_

**NO REIMBURSEMENT GIVEN WITHOUT RECEIPTS**

DB. Distribution	Encumbered By _____
Budget Line _____	Date _____
Approved for Payment _____	