Mileage Expense Reimbursement Request

Name: _____ ID # _____ Date: _____

Mileage expense (mileage to be determined using http://maps.yahoo.com)

Date	Place or Places	Purpose of Trip	Miles claimed

Rate per Mile $0.555

Total miles claimed 0

Mileage expense $0.00

Advance amount, if received (enter as positive amount or 0.00) _____

Balance due Glen Oaks _____

Balance due claimant _____

Account Distribution (Must total Mileage expense claimed):

Account Number	Amount

I certify that this is an accurate & just claim: _____ (claimant signature)

Administrative approval: _____

Business Office approval: _____

Date received by Business Office: _____ AP Voucher #: _____ Date Paid: _____

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