

**SCRIPPS COLLEGE
MILEAGE REIMBURSEMENT FORM**

INSTRUCTIONS: The form is to be completed by each claimant and approved by their department head. Completed reimbursement forms (for over \$25) accompanied by a check request in the appropriate amount are to be sent to the Office of Financial Services for processing. For reimbursements under \$25, this form should be part of petty cash receipts. THE OFFICE OF FINANCIAL SERVICES WILL NOT ACCEPT CHECK REQUESTS THAT ARE UNSUPPORTED BY THIS FORM OR THAT DO NOT PROVIDE THE SAME INFORMATION DIRECTLY ON THE CHECK REQUEST.

2018 Rate: 54.5 cents per mile

Claimant: _____
 Department: _____ Department Head Approval: _____

Date	From:	To:	Purpose of Trip	Mileage

TOTAL MILES: _____

MILEAGE DOLLAR AMOUNT: _____

Other related expenses:
 (parking, tolls, etc. -
 please attach receipts)

TOTAL OTHER: _____

TOTAL REIMBURSEMENT: _____