

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.

2017 Rate: 53.5 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: \_\_\_\_\_