Methodist University - Request for Mileage Reimbursement

School/Department Heads are responsible for verifying that employees receiving mileage reimbursement have current auto insurance and license.
This form must be submitted within 30 days of a travel event. Requests for mileage reimbursement received after thirty days of the event will not be reimbursed.
It is the responsibility of the requester to follow through for timely approval and submission.

Requester: Name (please print): _____
Methodist phone: _____
Methodist email: _____
Department: _____

Approver: Name: _____
Name (please print): _____

Please attach MAPQUEST to this form as verification of mileage. Provide explanation for any differences between MAPQUEST and mileage claimed.

GL code to charge *(Use a separate form to charge to another gl code)*:

fund	function	dept	object	subobject	project
_____ (XXXX)	-- _____ (XX)	-- _____ (XXXX)	-- _____ (XXXX)	-- _____ (XXXX)	_____ (if applicable)

Date	Destination	Business Purpose	Beginning Reading	Ending Reading	# Miles	Rate	Total Mileage (miles x rate)	Less fuel charged on credit card for trip (if applicable)	Last 4 digits of credit card used (if applicable)	Net mileage reimbursement
						$0.45				
						$0.45				
						$0.45				
						$0.45				
						$0.45				
						$0.45				
						$0.45				
						$0.45				
						$0.45				
						$0.45				
						$0.45				
						$0.45				
						$0.45				
						$0.45				
						$0.45				

Requester and Approver Certification:
The mileage as stated above is true and accurate, and includes only trips made in the performance of assigned duties.
The requester has current liability and bodily injury auto insurance, as well as a valid drivers license.

Total reimbursement _____

Requester Signature: _____ Date: _____

Approver Signature: _____ Date: _____