Methodist University - Request for Mileage Reimbursement

** School/Department Heads are responsible for verifying that employees receiving mileage reimbursement have current auto insurance and license **

	Methodist email:									* Attach MapQuest or Google Map showing the start & end points as verification of mileage. - * Turn-by-turn directions are not required. - * One map for round-trip journeys acceptable		
			fund	function	dept	object	subobject	project	* Provide explanation for any differences between documentation and mileage claimed. * Attach this completed & signed form yellower(s) to Benjiniting and			
GL code to charge		(Use a separate form to charge to another gl code):	(XXXX)			(XXXX)	(XXXX)	(if applicable)	form w/ map(s) to Requisition or Purchase Request Form			
ıte	Destination	Business Purpose	Odometer Reading - Start	Odometer Reading - End	# Miles	Rate	Total Mileage (mileage x rate)	Less fuel charged on credit card for trip (if applicable)	Last 4 digits of credit card used (if applicable)	Net Reimburse- ment Amount Requested		
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		The mileage as stated above is true and accurate, and include bodily injury auto insurance, as well as a valid drivers licens		ade in the perfe	ormance of ass	signea duties.	Tota	l Reimburseme	ent Amount:			
Req	quester Signature:			Date:								