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 complete and approved form must be submitted via a requisition within 30 days of a travel event. Requests for mileage reimbursement received after 30 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): _____

Requester phone: _____

Requester email: _____

Department: _____

Approver: Name (please print): _____

Methodist email: _____

*** Attach a map from MapQuest or Google Maps showing the start & end points as verification of mileage.**
*** Turn-by-turn directions are not required.**
*** One map for round-trip journeys is acceptable**
*** Provide explanation for any differences between documentation and mileage claimed.**
*** Provide explanation why personal vehicle was used if renting a vehicle may have been a less expensive option.**

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

fund		location		dept		object		project
	--		--		--		--	
(XX)		(XX)		(XXXXX)		(XXXXXX)		(if applicable)

Date	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
						$0.55				
						$0.55				
						$0.55				
						$0.55				
						$0.55				
						$0.55				
						$0.55				
						$0.55				
						$0.55				
						$0.55				
						$0.55				
						$0.55				
						$0.55				
						$0.55				
						$0.55				

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 Amount: _____

Requester Signature: _____ Date: _____

Approver Signature: _____ Date: _____

Revised 08.28.25