



## MILEAGE REIMBURSEMENT

Non-overnight travel under \$50.00 (Local Accounts Only)

### Reimbursement processed through the Business Office:

Must use NCR paper or regular paper prints (one original plus 3 colored copies) for processing and does not have to be audited by Travel.

#### SECTION 1: Traveler Information

Date:	UIN #:	Phone:
Traveler's Name: (Print)		
I certify that the expenses stated below were incurred by me for official University business and are accurate. I am not requesting reimbursement from any other source.		

#### SECTION 2: Please select type(s) of mileage to process

- ☐ Airport (30 miles round-trip) (no proof required) \$ \_\_\_\_\_  
(TAMU-CC to CC International Airport) @ .67 cents per mile = \$ 20.10
- ☐ Google Maps or Map Quest Total miles \_\_\_\_\_ @ .67 cents per mile \$ \_\_\_\_\_
- ☐ (Attach copy) Odometer readings: Total miles \_\_\_\_\_ @ .67 cents per mile \$ \_\_\_\_\_

Must include: 1. Date, 2. Start & End odometer readings, 3. Total miles, 4. From & To destination, and 5. Reason for trip:

1.	
2.	
3.	
4.	
5.	

Parking: (receipt required) \$ \_\_\_\_\_  
Taxi: (receipt required) \$ \_\_\_\_\_  
Tolls: (receipt required - Local Travel Only) \$ \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

#### SECTION 3: Department Account Manager

Account Manager certifies that the requested expenditure(s) are in compliance with Federal, State, and University regulations and sufficient budget is available in the account. These purchases are exempt from State & City Sales Taxes under Chapter 20, Title 122A, Revised Civil Statutes of Texas.

APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

#### CODING AREA:

	Account Name	Account #	Object Code	Amount
1.				
2.				
3.				
4.				

TOTAL AMOUNT: \$ \_\_\_\_\_

#### SECTION 4: Business Office

Upon signing below, I have received my reimbursement.

Traveler's signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Check if someone other than Traveler will pick up reimbursement.

Designee's signature: \_\_\_\_\_ Date: \_\_\_\_\_