

MILEAGE & MISCELLANEOUS BUSINESS EXPENSE REIMBURSEMENT



Date: _____ Employee: _____

Vendor #: _____

Dept./Program: _____

MILEAGE:

DATE	ORIGIN	DESTINATION	BUSINESS PURPOSE	TOTAL MILES		AMOUNT
SUBTOTAL MILEAGE (A)				0	X * \$	= \$

MISCELLANEOUS BUSINESS EXPENSES (attach all original receipts): (GSA RATE *)

DATE	VENDOR	ITEM DESCRIPTION/BUSINESS PURPOSE/ATTENDEES	AMOUNT
			\$
			\$
			\$
			\$
SUBTOTAL MISCELLANEOUS BUSINESS EXPENSES (B)			\$
TOTAL REIMBURSEMENT (A + B)			\$

INSTRUCTIONS	ACCOUNT NUMBER(s)	AMOUNT
<p>* Employees should refer to the Finance Manual Forms section for the current year's GSA rates that will be reimbursed. Note that these rates will vary depending on whether there is a government-furnished vehicle available for use.</p> <p>In addition, the <i>pre-travel</i> section of the Finance Manual sets out the calculation of miles eligible for reimbursement depending on the location of the employee's workstation, home, and travel destination.</p>	_____ - _____ - _____	\$
	_____ - _____ - _____ (if needed)	\$
	_____ - _____ - _____ (if needed)	\$
	_____ - _____ - _____ (if needed)	\$
	_____ - _____ - _____ (if needed)	\$
	_____ - _____ - _____ (if needed)	\$
	_____ - _____ - _____ (if needed)	\$
TOTAL REIMBURSEMENT		\$

Note: If total reimbursement is \$50.00 or less, this form may be submitted to the Petty Cash Custodian for immediate reimbursement. Otherwise an Accounts Payable check will be processed.

Employee Signature Date Supervisor/Project Leader Date Responsible Accountant Date