



MILEAGE REIMBURSEMENT

Non-overnight travel under \$100 (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) @ .54 cents per mile = \$16.20
- Google Maps or Map Quest Total miles _____ @ .54 cents per mile \$ _____
(Attach copy)
- Odometer readings: Total miles _____ @ .54 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: _____