

MILEAGE REIMBURSEMENT REQUEST

This form is used to request reimbursement for mileage.

Employee Name: _____

Employee Banner ID#: _____

Department Index Code: ""a _____ Account: 714330

Total Miles Claimed: _____ at _____ cents per mile (from the County form) equals:

Total Reimbursement Request: \$ _____

I certify this is a true and just claim for expenses incurred on behalf of the College and that no part has been previously reimbursed.

Employee: _____
Signature Date

Approved by: _____
Administrator Signature Title Date

Mileage reimbursement is a direct payment. There is no purchase order.

INSTRUCTIONS –

1. Complete the County Mileage claim form for travel in Suffolk County:

http://suffolkhome/audit/Mileage/MileageRequest_frm.aspx

2. Attach documentation for any (and all) mileage to/from non-Suffolk County locations.

3. Calculate and bring the total miles and total reimbursement requested to this document.

4. Sign this document.

5. Forward to Accounts Payable, Room 232 NFL Building.

If there are questions on requests regarding the reimbursement of mileage claimed, Accounts Payable will process checks for unquestioned items, allowing expedited payment of those and follow-up with the traveler on questioned items.