ADJUNCT FACULTY
MILEAGE REIMBURSEMENT
REQUEST

Name _____

Address _____

Mileage from home address (listed above) to downtown campus _____

Mileage from home address (listed above) to off-campus work site _____

Name of off-campus work site where you teach_____

NOTES:

Mileage Reimbursement Requests should be submitted within 10 days after the last date of travel.

The College will compensate only those miles above normal commute **and** only if you teach at more than one site. Normal commute is the distance from home address to GRCC downtown campus.

DATES OF TRAVEL TO OFF-CAMPUS WORK SITE		

I hereby certify that the above is a true report of the use of my personal automobile in the performance of my duties as an employee of the Grand Rapids Community College, and that I have liability and property damage insurance on this vehicle in accordance with current Michigan statutes.

Employee Signature _____ **Date** _____

Associate Dean's Signature_____ **Date** _____

Human Resource Generalist _____ **Date** _____

Financial Services Approval _____ **Date** _____

To be completed by Associate Dean:

RATE PER MILE	ACCOUNT NUMBER	AMOUNT TO BE PAID