



EMPLOYEE MILEAGE REIMBURSEMENT REQUEST

Name _____

Address _____

RATE PER MILE

AMOUNT TO BE PAID

ACCOUNT NUMBER

Date	From Beginning Odometer	To Ending Odometer	* Miles		Date	From Beginning Odometer	To Ending Odometer	* Miles

NOTE: Mileage Reimbursement Requests should be submitted within 60 days after the earliest date of travel listed above. Requests must be submitted within six months.

* Allowable Mileage Sheet may be used.

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** _____

Supervisor's Signature _____ **Date** _____

Financial Services Approval _____ **Date** _____