



## 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.

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** \_\_\_\_\_