

**Request for Mileage Reimbursement Form**

Employee Name


Rate Per Mile

**\$0.575**

Total Mileage

**0**

Total Reimbursement

**\$0.00**

**NOTE: The IRS periodically changes the per mile reimbursement rate.**

Account Number:

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Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0

Please submit a google map for mileage verification EXCEPT for trips to: KVCS, LBL ESD, LBCC or between PSD campuses.  
 Round trip from Philomath to KVCS (28 mi) LBL ESD (34 mi) LBCC (31 mi) LANE ESD (76 mi)

Requester (signature): \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Approver (signature): \_\_\_\_\_

Date: \_\_\_\_\_