

## MILEAGE REIMBURSEMENT FORM

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State ID: \_\_\_\_\_  
Work Site: \_\_\_\_\_

FUND	ORG	PGM	ACCT	AMOUNT	FY

**\$0.67**

**One-Way**                      **Common Car Pool Passengers Names (if any):**  
Miles \_\_\_\_\_ 1. \_\_\_\_\_ 2. \_\_\_\_\_  
**Round-Trip**  
Miles \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

☐ I CERTIFY THAT I MAINTAIN AUTOMOBILE INSURANCE IN THE AMOUNT OF \$50,000/\$100,000 IF USING MY PERSONAL CAR FOR BUSINESS RELATED PURPOSES

**NOTE:** IF Claiming Mileage from HOME to OFF SITE LOCATION: ALL LEGS of driving for the day including commute to / from home must be entered.  
IF Claiming Mileage from UHC to an OFF SITE LOCATION: ONLY THE LEGS to / from UHC need to be entered. **ALL claims must be submitted within six (6) months of travel.**

DATE	WEEK DAY	FROM LOCATION	TO LOCATION	MILES @	LESS RT	PARKING TOLLS	MILEAGE TOTAL	TRAVEL REASON
							TOTAL (ALL PAGES):	
PLEASE ATTACH COMPLETED DOCUMENT TO YOUR TRAVEL AND EXPENSE SUBMITTAL. PAPER FORMS WILL BE RETURNED TO DEPARTMENTS FOR ENTRY INTO THE ONLINE SYSTEM.								

Preparer: \_\_\_\_\_ Department: \_\_\_\_\_ Extension: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Authorization Signature: \_\_\_\_\_

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**One-Way**

Miles \_\_\_\_\_

**Round-Trip**

Miles \_\_\_\_\_

**Common Car Pool Passengers Names (if any):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

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IF Claiming Mileage from UCHC to an OFF SITE LOCATION: ONLY THE LEGS to / from UHC need to be entered. **ALL claims must be submitted within six (6) months of travel.**

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