NOTE: If paperwork (Section I.) is not handed in to (and approved by) the Finance Chairperson PRIOR TO TRIP, there will be NO reimbursement. ONLY COMPLETED paperwork will be accepted!! To complete the reimbursement process, you must meet with the Finance Chairperson after the trip and complete Section II. of this form. Reimbursement is for MILEAGE and not for GAS. Reimbursement will be paid by check; under $15 paid through petty cash.
- Maximum mileage for trips must be within a radius of 400 miles.
- Limit: $300 per organization per year

Section I.

Date: ____________________

Organization: ________________________________________

Purpose of trip:________________________________________________________________
_____________________________________________________________________________

Trip from: _____________________________   To: ___________________________________

Date of trip: _____________            Destination contact phone # __________________

License Plate Number: ________________________      State: __________________________

As president and treasurer of this organization, we verify that this trip is necessary.
_____________________________________________________________________________
(president’s signature)                               (treasurer’s signature)                            (date)

Section II. – you must return to complete and resubmit this section within 5 class days following trip

I, ____________________________, the appointed driver, hereby submit a request for reimbursement for
my travel/mileage for a total of _________ miles @ 20 cents per mile.

Reimbursement made out to: ______________________________
(print name clearly)

-----------------------------------------------------------------------------------------------
Do not write below this line-----------------------------------------------------------------------

Approved  ☐   Denied  ☐

(amount due: $0.20 x _______ miles            Total amount due: $ ____________

______________________________________      ______________________________________
(signature of Finance Chairperson)                     (signature of Senate Accounts Clerk) (date)