



Memorial Student Union, Room 201 • 50 Lower College Road • Kingston, Rhode Island 02881 • T: 401.874.2261 • E: info@rhodysenate.org

PRIVATE AUTOMOBILE MILEAGE REIMBURSEMENT FORM

Instructions:

If paperwork (*Section I*) is not handed in to (and approved by) the Finance Chairperson ***PRIOR TO THE TRIP*** there will be ***NO*** reimbursement. ***ONLY COMPLETED*** paperwork will be accepted. To complete the 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 will be 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 of Application: _____ Date of Trip: _____

Organization: _____

Purpose of Trip: _____

Departure Location: _____ Destination Location: _____

Name of Driver: _____

License Information of Driver: State: _____ License Number: _____

Vehicle Information: Make: _____ Model: _____ Plate Number: _____

As President and Treasurer of this organization, we certify that this trip is necessary.

President's Signature

Treasurer's Signature

Section II

This section must be completed and submitted within five (5) business days of the conclusion of the trip.

I, _____ (printed name of driver) _____ (signature of driver), the appointed driver, hereby submit a request for reimbursement for my travel/mileage for a total of _____ miles at \$0.25 per mile.

Reimbursement made out to: _____ (print name)

----- Do Not Write Below This Line -----

Finance Committee of SOC recommendation:

approved denied

Amount Due: \$0.25 x _____ miles

Total Amount Due: \$ _____

Signature of Student Senate Accounts Clerk

Date:

LIST OF ELIGIBLE DRIVER'S FOR MILEAGE REIMBURSEMENT

Each approved driver must provide a current copy of driver's license, vehicle registration, and proof of insurance.

Student Organization: _____

President's Signature

Treasurer's Signature

Driver

Name: _____ Signature: _____

Copies attached: License Vehicle Registration Proof of Insurance

License Information of Driver: State: _____ License Number: _____

Vehicle Information: Make: _____ Model: _____ Plate Number: _____

Driver

Name: _____ Signature: _____

Copies attached: License Vehicle Registration Proof of Insurance

License Information of Driver: State: _____ License Number: _____

Vehicle Information: Make: _____ Model: _____ Plate Number: _____

Driver

Name: _____ Signature: _____

Copies attached: License Vehicle Registration Proof of Insurance

License Information of Driver: State: _____ License Number: _____

Vehicle Information: Make: _____ Model: _____ Plate Number: _____

Driver

Name: _____ Signature: _____

Copies attached: License Vehicle Registration Proof of Insurance

License Information of Driver: State: _____ License Number: _____

Vehicle Information: Make: _____ Model: _____ Plate Number: _____

Driver

Name: _____ Signature: _____

Copies attached: License Vehicle Registration Proof of Insurance

License Information of Driver: State: _____ License Number: _____

Vehicle Information: Make: _____ Model: _____ Plate Number: _____