

MILEAGE REIMBURSEMENT REQUEST INSTRUCTIONS

An employee may be reimbursed for mileage when they use their personal vehicle for Foundation business. Employees using a private auto must have liability insurance for their vehicle.

The Mileage Reimbursement Request should be filled out in a timely manner after traveling. The Foundation requests that these requests be filed monthly. Please type or print legibly.

1. Check Disbursement

Please specify how you would like your check to be handled. Please be advised that if you request the check to be mailed, it will go to the home address indicated on the front.

2. Personal Information

Claimant – Name of the person traveling

Date – The date you are filling out this request

Social Security Number – Claimant's social security number

Home Address – Claimant's home address

3. Travel Information

Travel Date – The date you used your car for business

Destination/Purpose – Indicate the location traveled to, and the purpose for traveling.

(For example: San Bernardino Hilton, ABC Conference)

Parking, etc – Indicate any parking or toll expenses associated with the trip. Please provide receipts if possible.

PLEASE NOTE: VALET PARKING SERVICES ARE NOT A REIMBURSABLE EXPENSE, UNLESS IT WAS THE ONLY PARKING AVAILABLE. If this is the case, please notate that on the claim.

Miles – Indicate the total number of miles traveled. Reimbursement will be the shorter of either

(a) from the University to destination, or (b) if you left from your residence, place of residence to destination.

Rate – Indicate the current mileage rate. Check with the Foundation Accounts Payable office.

Total – Indicate the total dollar amount requested for this trip (miles x rate + parking/tolls).

4. Total Claim – Indicate the total dollar amount of the claim being requested.

5. Certification – It is important to read and understand this information. Anytime an individual travels on Foundation business, they **MUST** provide their Driver's License number and the name of their Insurance Company.

6. Signature of Claimant – The claimant must sign and date the Mileage Reimbursement Request.

7. Foundation Account Number – Indicate the 12 digit Foundation account number the request is to be charged to.

8. Approved By – An authorized signer on the account must approve and date the Mileage Reimbursement Request.

Submit the request to the appropriate Foundation Accounts Payable office for reimbursement.

(General – Room 105; Sponsored Program / Child Care – Room 108)

Failure to complete all information may result in delay of payment.