UNIVERSITY FOUNDATIONS
MILEAGE REIMBURSEMENT

Date	From	Beginning Odometer	To	Ending Odometer	TOTAL

Total Miles _____

I affirm the above mileage break-down is accurate. I understand that I will be reimbursed for mileage driven while on University business at the applicable rate. Furthermore, I certify that this expense has not been reimbursed from any other source.

_____ _____

Person requesting reimbursement Date