

CENTER FOR CALIFORNIA CULTURAL AND SOCIAL ISSUES

Mileage Reimbursement Form

\$100 Maximum Reimbursement Per Semester

Today's Date: _____

Personal Information

Name: _____

College: _____

Title of Class: _____

Professor: _____

Internship Site: _____

Check Information

Write check to: _____

Student ID Number: _____

Send check to this address: _____

Trip Information

Purpose of Trip: Field Trip ____ Internship ____ Other _____

- Print out each (different) trip's mapquest directions (TEXT ONLY) and attach them to this page.
- Please DO NOT STAPLE
- Include Name of Site/Destination and Dates on *each* Mapquest.
- **Include a copy of each Mapquest page and a copy of the Mileage Reimbursement form.**

(Site Name)	(One way miles)	(Roundtrip miles)		
1. Ex: _____ Camp AP _____	_____ 15 miles _____	x 2 = _____ 30 mi. roundtrip _____	x # of Trips= _____ 6 trips _____	= _____ 180 total miles _____
List Dates for this Site: _____				_____ (List each date travel took place). _____
2. _____	_____	x 2 = _____	x # of Trips= _____	= _____
List Dates for this Site: _____				_____
3. _____	_____	x 2 = _____	x # of Trips= _____	= _____
List Dates for this Site: _____				_____
4. _____	_____	x 2 = _____	x # of Trips= _____	= _____
List Dates for this Site: _____				_____

Total Distance = _____ miles

Calculations

Multiply your *total* distance by \$0.55 (the amount reimbursed per mile) to calculate the total amount you will be reimbursed.

○ **Ex:** 180 miles x 0.55 = \$99.00 \$ _____ = **Reimbursement Total**