Mileage Reimbursement Form
To be completed by Organizations' Treasurer:

Student Organization: __________ Org #: __________ Date __________
Funds reimbursed to:
Name ___________________________
ID #: ___________________________
E-mail ___________________________
Address ___________________________

Date of trip: ____________________
People: ___________________________
Purpose: ___________________________
Location: ___________________________

Total miles driven: __________

Total cost being reimbursed: __________
Account number: ___________________________

Signatures
Organization's Financial Officer Signature
Organization's Advisor Signature
Finance Chair
Associate Dean/Vice-President

For Accounts Payable Use:
Approval for Payment
A/P: __________ Initials __________ Date __________
Controller: __________ Date received A/P __________

INSTRUCTIONS
Transaction Number: For use by the Finance Chair only
Student Organization: Enter the name of Organization you are representing

Date: Enter the current date MM-DD-YY.
Name: Enter name of individual to be reimbursed.
ID#: If individual is a Calvin student must include the ID number.
Address: Enter individual to be reimbursed address.

Date of trip: Enter the date the trip took place.
People: List the people who rode in the vehicle used to attend the event.
Purpose: Describe the reason for the trip.
Location: The destination of the trip.

Total miles driven: Enter the total miles of the trip.
Total cost being reimbursed: Multiply the total miles of the trip by $0.30 to arrive at the total cost being reimbursed.
Account number: For use by the Finance Chair.

Org.'s Financial Officer Name: The signature name of the organizations financial officer.
Org.'s Advisor Signature: The signature of the organization's advisor.
Finance Chair: The signature of the Finance Chair is required here.
Assoc. Dean/Vice President: The signature of the Associate Dean/Vice President is required.

Environment for: Trips in which you drove a personal vehicle and are seeking reimbursement for fuel used.

Controller: __________ Voucher number __________

Completed form to Student Organizations Finance
Development Office CA101B or basket at the front desk of Campus.