WESTERN CONNECTICUT STATE UNIVERSITY

MILEAGE REIMBURSEMENT FORM

Revised: 1/19

Office Use Only:

Banner Org: _____

705000/705002 _____

705100/705102 _____

Total Reimbursement: _____

Ins. Coverage:_____

Month/Year _____

Name _____

Street Address _____

City _____

Banner ID # _____

If State Car is Used List License Plate # _____

Please Note: No payment for use of personally owned vehicles is permitted for (a) home to office travel, (b) any activity except official state business, (c) participation in any activity in which an honorarium , stipend, monetary fee or gift of any value is given to the employee involved. The mileage chart should be used for CSU travel if leaving from WCSU.

Employees must note the point of departure (i.e. work or home) and attach a MapQuest sheet detailing the point of departure and destination. Reimbursement shall be made based on the MapQuest sheet less employees daily commute to the University. A MapQuest sheet of the distance between your home and work must also be attached.

CSU Mileage Chart:

wcsu.edu/travel/guide/Insurance-and-Use-of-Personally-Owned-Vehicle.asp

If traveling between WCSU and another CSU school or Systems Office, the mileage chart must be used.

* A printout from MapQuest is required for each travel trip. To access MapQuest - go to http://www.mapquest.com/

**A receipt must be attached for miscellaneous expenses (i.e. parking, tolls, etc).

Date	Required Travel Information: Starting, Arrive At & Return To Address, City & State for Each Trip		Reason for Trip	Miles *	Tolls/Misc.**
	Starting Address, City, State:				
	Arrive at Address, City, State:				
	Return to Address, City, State:				
	Starting Address, City, State:				
	Arrive at Address, City, State:				
	Return to Address, City, State:				
	Starting Address, City, State:				
	Arrive at Address, City, State:				
	Return to Address, City, State:				
	Starting Address, City, State:				
	Arrive at Address, City, State:				
	Return to Address, City, State:				
	Starting Address, City, State:				
	Arrive at Address, City, State:				
	Return to Address, City, State:				
			TOTALS		

Employee Signature   Date

Dean's or Supervisor's Approval   Date

Travel Office Approval   Date