

Orfalea Family Children's Center
Mileage Reimbursement Worksheet

Insert 7A

Name: _____

License Plate: _____

Date	From	To	Purpose	Mileage
	Children's Center		<input type="checkbox"/> Purchase Classroom Supplies <input type="checkbox"/> Other _____	
	Children's Center		<input type="checkbox"/> Purchase Classroom Supplies <input type="checkbox"/> Other _____	
	Children's Center		<input type="checkbox"/> Purchase Classroom Supplies <input type="checkbox"/> Other _____	
	Children's Center		<input type="checkbox"/> Purchase Classroom Supplies <input type="checkbox"/> Other _____	

Total Miles:

For reimbursement, complete the above form and submit monthly when submitting petty cash.
 Under the mileage column please indicate the *round trip mileage* for each trip.
 You should expect a reimbursement check within three weeks or less -- let us know if you do not receive one. All trips eligible for reimbursement on this form must begin & end at the Children's Center.
 You **must** have automobile liability insurance to use your vehicle for University Business.