LAWRENCE UNIVERSITY
Mileage Reimbursement Request Form

Please use this form if you are faculty and have been given a mileage allowance as part of your employment contract.

Name: _____ Dept.: _____

Date of Travel	From (City, St.)	To (City, St.)	**Miles (Round Trip)**
		Total Miles:	
		Current Rate @:	**x $.50**
		Total $ Amount:	

Complete this form and submit to the Office of the Provost or the Dean of the Conservatory for approval. Duplicate if necessary.

Approved Mileage Allowance: $_____ **Date:** _____

Charge to Account No.: _____

Approved by: _____