LAWRENCE UNIVERSITY
Mileage Reimbursement Request Form

Please use this form if you 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 $.505**
		Total $ Amount:	

Complete this form and submit to the office of the Provost for approval. Duplicate if necessary.

Approved by: _____ **Date:** _____

Original to: Provost and Dean of the Faculty
Copies to: File, Accounts Payable