Shawnee Community College

Mileage Reimbursement

Odometer Reading			Destination		Miles
Date	Beginning	Ending	To and From	Purpose	Driven

Total Business Miles _____
Rate .555
Amount Reimbursed _____

I hereby certify that the above mileage was driven using my vehicle for Shawnee Community College business purposes.

_____ _____
Signature/Date Supervisor's Signature/Date

For Office Use Only:
_____ Date
_____ Initialed Complete

Revised 07-01-11