MILEAGE PAYMENT/REIMBURSEMENT AFFIDAVIT

Mileage reimbursement can be requested for the use of a personal vehicle for organization business under specific circumstances including licensing for drivers, registration for the vehicle and minimum insurance levels. Mileage payments/reimbursements capture several related expense categories: vehicle itself (purchase, financing or lease), registration, taxes, depreciation, maintenance, insurance, and fuel.

Traveler Information	Date//
Name	Email
Address	
Org for which Travel Occurred	Cell ()
*Driver's License ST Expiration [Date//
Event/Location	
Event Date(s)	
**Mileage from/to location(s)	
*Should there be other driver(s), they, too,	must have a valid driver's license.
**Mileage cannot be sought for normal cor traveler leaves from another location whicl	nmutes and should be calculated from campus unless n results in less mileage.
Vehicle Used for Travel	
Make/Model Plate#	# State Expiration Date//
Is vehicle registered to driver? Y N	
If No, Registration Name/Address	
Vehicle Insurance	
Insurance Company	Policy#
Policy Start Date// End Date	e// Is Traveler Policy owner? Y N
If no, Policy Owner Name	
Address	
Passenger list	
Vehicle insurance covers minimum amoun	
\$50,000/\$100,000 (third party liability) Al <u>Fuel</u>	ND \$5,000 (property damage liability) Y N
Fuel expense incurred by Traveler? Y	Ν
If No, Purchaser Name/Address:	
I have p payment/reimbursement and certify that al expenses that make-up the mileage payme	provided all the relevant information for mileage I information is accurate. Further, I certify that I incurred the ent/reimbursement.

This should be emailed to become part of the documentation for your reimbursement. By emailing this for reimbursement documentation, you attest you are submitting for the reimbursement amount due to you per policy and that the information is complete and accurate. Include in your submission, the map with shortest route taken between departure and arrival points, as well as the number of miles traveled.