WEBER STATE UNIVERSITY
1014 University Circle
Ogden, UT 84408-1014
Phone: (801) 626-6606 Fax: (801) 626-7464

Accounting Services
Invoice number: I
Check number:
Date:
Vendor Number: W

Mileage Reimbursement Form

Check Request for Mileage over $100

(Use petty cash for $100 or less)

WSU EMPLOYEES ONLY-Use requisition if not an employee

Name:			SSN or WSU ID:
Address:			
City:		State:	Zip:
Amount: $		Date:	
Index (old FRS account)	Fund	Orgn	Account (old subcode)

Date	Purpose of Trip	Standard Mileage* or Odometer Reading			
		From	To	One-way or round trip (x 2)	Total miles
Attach additional sheet if necessary. *See http://departments.weber.edu/purchasing/Travel/default.htm for mileage rates and standard mileage.				**Total mileage**	
				Total X rate	$

I certify that this was a necessary expense for Weber State University and that I have not been, nor will be reimbursed from any other source.

Traveler's signature Date

Supervisor's signature Date

☐ Additional sheet attached.

Please note all signatures must be present before a check can be processed. When complete, return to Accounting Services, MC 1014. Checks will be mailed directly unless otherwise noted.

Revised 01/20/2009 srd