SOUTHWESTERN COLLEGE MILEAGE CLAIM FORM - Effective Jan 2024

Mileage Claim Form should be completed monthly.				Date:			
Employee's Name:				College I.D. #:			
Department:				Budget #: 55210-			
List milea	age for the distance (each wa	ay) in excess of your daily co	omm	iute.			
Date	Business Purpose	Departure From		Destination	Mile Trave		Related Receipts ¹
							\$
I CERTIFY THAT THE FOLLOWING IS AN ACCURATE STATEMENT OF MILEAGE ON AUTHORIZED SCHOOL BUSINESS.				Summary of Mileage Claim			
A CHICKLED COLICE DOCINECO.				otal Miles Claimed			
Employee's Signature (Date)				lculated Reimb. IRS Rate \$			
				Plus Mileage Related Receipts \$			
Dean, Director, or Supervisor's Signature (Date)				otal Claim			

Comments:_

Notes:

¹List mileage/related receipts (i.e. parking, toll). SWC does not reimburse for SR 125 Toll. Must provide all receipts.
²Hit "Enter" upon final entry in order for form to calculate accurately.