SOUTHWESTERN COLLEGE MILEAGE CLAIM FORM (2021)

Please Note: Hit "Enter" upon final entry in order for form to calculate accurately.

All PC and Mac users please note: This form is intended to be filled out electronically; therefore, must be downloaded to your desktop and must be opened with Adobe Reader. Any forms opened/used in "Preview Mode" will not function properly.				Date:			
Employee's Name:				College I.D. #:			
Department:				Budget #: 55210 -			
Please list mileage for the distance to/from the College (each way).							
Date	Business Purpose	Departure From		Destination	Mile Trave		Related Receipts ¹
							\$
I CERTIFY THAT THE FOLLOWING IS AN ACCURATE STATEMENT OF MILEAGE ON				Summary of Mileage Claim			
AUTHORIZED SCHOOL BUSINESS. X				Total Miles Claimed			
				Mileage Claim (IRS Rate/\$) \$		\$	
				Mileage Related Receipts		\$	
X				Total Claim		\$	
<u>_</u>							

Notes:

Comments: ___

¹List mileage/related receipts (i.e. parking, toll). SWC does not reimburse for SR 125 Toll. Must provide all receipts.

²This Mileage Form should be completed monthly.