

SOUTHWESTERN COLLEGE
MILEAGE CLAIM FORM - Effective July 2026

Mileage Claim Form should be completed monthly.				Date:	
Employee's Name:				College I.D. #:	
Department:				Budget #: – – – 55210 –	
List mileage for the distance (each way) in excess of your daily commute.					
Date	Business Purpose	Departure From	Destination	Miles Traveled	Related Receipts ¹
					\$
I CERTIFY THAT THE FOLLOWING IS AN ACCURATE STATEMENT OF MILEAGE ON AUTHORIZED SCHOOL BUSINESS. X _____ Employee's Signature (Date) X _____ Dean, Director, or Supervisor's Signature (Date)				Summary of Mileage Claim	
				Total Miles Claimed	
				Calculated Reimb. IRS Rate \$	
				Plus Mileage Related Receipts	
				Total 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.

H:\financialservices\Procedures-Processes\Mileage Claim Form 2025.pdf