

**WEBER STATE UNIVERSITY**3850 Dixon Parkway Department 1014
Ogden, UT 84408-1014
Phone: (801) 626-6606 Fax: (801)
626-7464**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

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

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.