

**URI STUDENT SENATE
PRIVATE AUTOMOBILE MILEAGE REIMBURSEMENT**

*NOTE: If paperwork (Section I) is not handed in to (and approved by) the Finance Chairperson **PRIOR TO TRIP**, there will be **NO** reimbursement. **COMPLETED** paperwork **ONLY** will be accepted!! In order to file for travel reimbursement, you must meet with the Travel/Inventory Chairperson and complete **Section II** of this form. Reimbursement is for **MILEAGE** and not for **GAS**. Reimbursement will be paid by check; under \$15 paid through petty cash. Maximum mileage for trips must be within a radius of 400 miles.*

Section I.

Date: _____
Organization: _____
Purpose of trip: _____

Trip from: _____ To: _____
Date of trip: _____ Destination contact phone # _____
License Plate number: _____ State: _____ (include area code)

As president and treasurer of this organization, we verify that this trip is necessary.

(president signature) / (treasurer signature) / (date)

Section II. - you must return to complete and resubmit this section within 5 class days following trip

I, _____, the appointed driver, hereby submit a request for reimbursement for my travel/mileage for a total of _____ miles @ 15 cents per mile.
(signature of driver)

Reimbursement made out to: _____
(print name clearly)

do not write below this line-----

approved denied _____ / _____
(signature -Finance Chairman) (date)

Amount due: .15 x _____ miles Total amount due: \$ _____

(signature of Senate Accounts Clerk) (date)