

Center for Civic Engagement

Mileage Expense Form for Travel Reimbursement

Your Name: _____ Your Cell Phone: _____ Date Submitted: _____

Check One: FY Civic Scholar Weekly Service _____ Sophomore Internship _____ CBL Class (indicate course name): _____

Date of travel	# of hours of service performed	Community Engagement Site	Location	# of ROUND TRIP (RT) miles	**Allowed reimbursement (\$.58 per mile)	Total \$ mileage reimbursement (# of RT Miles X \$.58)	Tolls *	Total Expense
					\$.58			
							TOTAL:	

* All tolls must be accompanied by receipts.

** Reimbursement rate as of 1/2018.

If the total is over \$50, or if you are submitting this very close to the end of the semester, provide your address where we can send your reimbursement check: