



San Luis Obispo County Community College District
MILEAGE REIMBURSEMENT FORM
(For Non-Conference Travel)

NAME:		BANNER ID#:	
ADDRESS:	CITY:	STATE:	ZIP:
PURPOSE OF TRAVEL:	DEPARTMENT:	ACTIVITY DATES/TIME PERIOD:	

PLEASE ATTACH MILEAGE TRAVEL LOG FOR VERIFICATION OF DATES/DESTINATIONS AND MILES TRAVELED

Number of miles to outlying campus (one way): ☐ SLO to NCC = 36 miles ☐ SLO to ARROYO GRANDE HS = 22 miles ☐ SLO to NIPOMO HS = 32 miles ☐ NCC to ARROYO GRANDE HS = 46 miles ☐ NCC to NIPOMO HS = 55 miles ☐ NCC to CMC = 34 miles ☐ Other _____ to _____ (calculate mileage with online Map)
A. Total Miles Traveled: _____
B. Standard IRS mileage rate for the period: current rate (.76) _____
MULTIPLY (A) x (B) = Your Reimbursement Amount: <u>\$ 0.00</u>

Account						
Account						

SIGNATURE OF EMPLOYEE
SIGNATURE OF ADMINISTRATOR
SIGNATURE OF BUDGET OFFICE

- ✓ Attach supporting documents:
 - Mileage log worksheet
 - Copy of map if location is not listed above
- ✓ Obtain Employee and Administrator signatures
- ✓ Submit both form and supporting documents to Budget Office for final approval and processing.
budget@cuesta.edu

MILEAGE TRAVEL LOG

Complete one row for each trip. Attach this page to the reimbursement form.

EMPLOYEE INFORMATION

NAME

LOG PERIOD / DATE

DATE OF TRAVEL	DESTINATION - REASON FOR TRAVEL	MILES TRAVELED

TOTAL MILES