



EMPLOYEE MILEAGE REIMBURSEMENT REQUEST

Name: _____
Address: _____

Employee ID Required* Rate per Mile Amount Paid Account Number Required*

Table with 5 columns: Date, Beginning Odometer, Ending Odometer, Miles, Reason for Travel. Multiple empty rows for data entry.

Note: Mileage Reimbursement Requests must be submitted within 60 days after the last date of travel listed above. However, in no case will an employee be reimbursed for mileage submitted later than six (6) months after that date.

I hereby certify that the above is a true report of the use of my personal automobile in the performance of my duties as an employee of Grand Rapids Community College, and that I have liability and property insurance on this vehicle in accordance with current Michigan statutes.

Employee Signature: _____ Date: _____

*Supervisor's Signature: _____ Date: _____

After Supervisor/Dean approval, this form can be sent back to the employee. Employee is then responsible for submitting form electronically to reimbursement@gccc.edu.

*If this information is missing, your request will be returned to you. Updated 04/20/2018