

Date (mm/dd/yy): _____

T W U S A MILEAGE REIMBURSEMENT FORM

Payable To:	Employee <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/>
Student ID #	_____
Business Name:	_____
or, First Name:	_____
Last Name:	_____
Address:	_____
City, Postal Code:	_____
Country:	_____

Date (mm/dd/yy)	Km's	Destination	Purpose / Passengers	Parking \$
Total				\$

	\$0.40	Rate / km	
\$		Mileage Reimbursement	GL Acct #: _____
\$		GST Rebate	
\$		Parking Reimbursement	
\$		TOTAL REIMBURSEMENT	

Requested by: _____ Signature: _____
(Please print name)

Approved by: **Andrew Brookes** Signature: _____
(Please print name)

Cheque Delivery:	Cash Received:
<input type="checkbox"/> External mail <input type="checkbox"/> Campus mail <input type="checkbox"/> Call Local # _____	Date (mm/dd/yy): _____ Signature: _____ Cashier: _____