



Copper Mountain Community College District

Mileage Reimbursement Request Form

This form is used for "within District" activities.
(Reference District Travel Policy AP 7400)

Received Business Office

Request Date _____

Request Name _____

Department _____

Mileage Reimbursement Rate _____

Date	Description (Destination & Purpose)	Trip Mileage	Amount (\$) (Miles x Rate)
Total Mileage Reimbursement Claim			

ACCOUNTING INFORMATION

Funding Source _____ Account Split
(if applicable - \$ or %)

CERTIFICATION & APPROVAL SIGNATURES

Traveler _____ Date _____

Supervisor _____ Date _____

Budget Manager * _____ Date _____

*Ref. Travel Policy to determine if applicable.

Submit completed form and supporting documentation (i.e. mileage calculation) to the Business Office.