

ASSOCIATED STUDENT ACTIVITIES

MILEAGE CHECK REQUEST

**** This form can only be submitted post-trip, and is subject to verification of Travel Registration completion. See Travel Reimbursement Guidelines. ****

DATE: _____

FUNDING SOURCE (Check applicable boxes):

UNRESTRICTED (30) (funds raised by organization)

UPAC allocated Funds (10)

Summer Activity Allocation

ACTIVITY FEE (40) (Standing Allocation)

ACTIVITY CODE (if applicable) _____

ASA USE ONLY:			
VENDOR # _____	<input type="checkbox"/> PU-No Address in USL <input type="checkbox"/> Mail-Addresses Match <input type="checkbox"/> Needs Correction		
ORG.# _____			
Vendor Initials _____			
TOTAL AMOUNT \$ _____			
FS	AC	S	OBJ
_____ - _____ - _____ - _____	\$ _____		
_____ - _____ - _____ - _____	\$ _____		
Coded By: _____	Date _____		
Reviewed By: _____	Date _____		
AMT # _____			
P.O. # _____			

ORG/ACCT # _____ ORGANIZATION: _____

I AM REQUESTING REIMBURSEMENT FOR MILEAGE EXPENSES INCURRED WHILE TRAVELING ON ORGANIZATIONAL/UNIVERSITY BUSINESS BASED ON THE FOLLOWING INFORMATION:

PURPOSE OF TRAVEL	DESTINATION - CITY, STATE	DATES OF TRAVEL

<u>MILEAGE</u>	# MILES TRAVELED	RATE PER MILE	TOTAL AMOUNT
_____	_____ X _____	_____ = _____	_____

THE UNIVERSITY REIMBURSEMENT RATE CAN VARY. PLEASE VISIT [HTTPS://WWW.GSA.GOV/TRAVEL/PLAN-BOOK/TRANSPORTATION-AIRFARE-POV-ETC/PRIVATELY-OWNED-VEHICLE-POV-MILEAGE-REIMBURSEMENT-RATES?GSAREDIRECT=MILEAGE](https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates?gsaredirect=mileage) TO OBTAIN CURRENT RATE PER MILE.

PAYEE (please print clearly) _____

Check applicable box: PICK UP CAMPUS MAIL MAIL

MAILING ADDRESS (if applicable):

X _____
PAYEE SIGNATURE (Required)

X _____
TREASURER SIGNATURE (Required) E-Mail

X _____
*** ADVISOR / CO-SIGNING OFFICER (Required)**
 *** Payee cannot be a cosigner

X _____
**** If the treasurer is the payee, a 2nd cosigner is required**

<ul style="list-style-type: none"> All Check Requests are subject to ASA Verification Check Requests may take several days to process. <p>Please consult an ASA Representative.</p> <p>Date received by ASA Received By: _____</p>
