## **Associated Student Council**

## Mileage Reimbursement Slip

(Not to be used for General Reimbursement)

	☐ Illinois	□ Indiana	☐ Michigan	☐ Wisco	nsin		
Today's date:		Date of Event:					
Mileage		DATE Leaving:					
Factor per mile	x 0.40	DATE Returning:					
Reimbursement	\$						
Driver's Name:					ONU BOX:		
Name of Group:					PHONE #:		
						(of contact at event)	
# of Vehicles		# of People					
Traveling with Group	D:	Traveling with Group:					
Purpose of Trip:							
Address of Destinati	on:						
		Destination (i.e. Church, Organiza	ation, etc.)		City	State	
Club Propident/ Tree	ouror Cianaturo:	Date:					
Club President/ Trea	asurer Signature.			Date	•		
EO for Finance Signature:				Date:			
					-		
	A	ssociated Stu	dent Counc	il			
		Mileage Reimbi					
	(	Not to be used for Gene					
	□ Illinois	□ Indiana	☐ Michigan	□ Wisco	nsin		
Todovio doto			J				
Today's date:		Date of Event:					
Mileage		DATE Leaving:					
Factor per mile	x 0.40	DATE Returning:					
Reimbursement	\$	Di ti E i totarining.					
	<b>*</b>						
Duive de Neuses					ONIL DOV.		
Driver's Name:					ONU BOX: PHONE #:		
Name of Group:					PHONE #.	(of contact at event)	
# of Vehicles			# of People				
Traveling with Group:		Traveling with Group:					
Purpose of Trip:				·			
Address of Destinati	on:						
		Destination (i.e. Church, Organiza	ation, etc.)		City	State	
Club President/ Trea		Date:					
EO for Finance Sign	atura:	Date:					