

Associated Student Council
Mileage Reimbursement Slip
 (Not to be used for General Reimbursement)

Illinois Indiana Michigan Wisconsin

Today's date: _____ Date of Event: _____

Mileage		
Factor per mile	x	0.40
Reimbursement	\$	

DATE Leaving: _____
 DATE Returning: _____

Driver's Name: _____ ONU BOX: _____
 Name of Group: _____ PHONE #: _____

(of contact at event)

of Vehicles _____ # of People _____
 Traveling with Group: _____ Traveling with Group: _____
 Purpose of Trip: _____

Address of Destination: _____
Destination (i.e. Church, Organization, etc.) City State

Club President/ Treasurer Signature: _____ Date: _____

EO for Finance Signature: _____ Date: _____

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