

Divine Word College

Mileage and Parking Reimbursement Form

Employee Information:

- Name: _____

Trip Information:

- Purpose of Trip:

- Start Date: _____ End Date: _____

- Total Miles Driven: _____ Destination: _____

Mileage Reimbursement:

- Mileage Rate: \$0.67/mile (Federal Standard Mileage Rate for 2024)
- Parking Fees: \$_____ (include receipt)
- Total Reimbursement: \$_____

Certification: I certify that the above information is accurate and that the mileage claimed was incurred solely for Divine Word College business.

Employee Signature/Date

Supervisor Approval:

Supervisor Signature/Date

Please submit this completed form, along with any supporting documentation (e.g., receipts, itinerary), to the Business Office for processing.

Note: Reimbursement will be processed according to Divine Word College's reimbursement policies and procedures. Please consult with your supervisor or the appropriate department for specific guidelines.