Reimbursement for mileage, parking, taxi and car expenses

Return completed form to Accounts Payable | Phone: 480-965-3511 **| Fax:** 480-965-1661 **| Mail Code:** 5912

Employee name: _____ **Employee ID:** _____

Cost Center + Program,
Gift, Grant or Project worktag: _____ **Page number:** _____ **of** _____

Expense details

Instructions: Indicate odometer readings or exact addresses for each location. Support mileage with printed directions using Google maps or include a receipt for all expenses.
If parking is at a meter with no receipt option, write "meter parking" in the business purpose field.

Date	Departed from	Arrived at	Miles	Parking expense	Taxi or Car expenses	Misc. expenses	ASU business purpose attach additional pages if needed.
Totals	**Miles at $0.445**	0	0.00	$ 0.00	$ 0.00	$ 0.00	**Grand total** $ 0.00

Common one-way mileage from Tempe campus: Downtown Phoenix campus — 10 miles; Polytechnic campus — 23 miles; Research Park — 7 miles; West campus — 25 miles.

I certify that the items of expense were incurred for authorized official state business; the expenses are correct and the charges are proper; and reimbursements claimed were out-of-pocket charges paid by me. For expenses related to car rentals and state vehicles, I certify that I have attended the Authorized Driver Program. For claiming mileage on a personal vehicle, I certify that I have current vehicle insurance and a valid driver's license.

Employee signature: _____ **Date:** _____

Cost Center Manager signature: _____ **Date:** _____

Contact name: _____ **Phone:** _____