**ACADEMIC YEAR COMPONENT**

MILEAGE REIMBURSEMENT REQUEST FORM

(PRIVATE VEHICLES)

|  |  |  |  |
| --- | --- | --- | --- |
|  **NAME OF DRIVER:** |  | **Purpose of Travel:**  |  |
| **ADDRESS & ZIP CODE:** |  |  |
|  |  |  **SOC. SECURITY #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required) |

**\*\*\*PLEASE RETURN THIS FORM WITHIN 30 DAYS OF THE DATE OF TRAVEL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **FROM** (LOCATION) | **TO**  (LOCATION) | **One-way or Roundtrip?** (CIRCLE ONE) | **PASSENGERS**  (List all UB Students in vehicle) |
|  |  |  | One-way Roundtrip |  |
|  |  |  | One-way Roundtrip |  |
|  |  |  | One-way Roundtrip |  |
|  |  |  | One-way Roundtrip |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I certify that the above information is correct. The mileage claimed was for the purpose of transporting participants of the Upward Bound program to and from scheduled Upward Bound activities.**