

## MILEAGE REIMBURSEMENT REQUEST FORM (PRIVATE VEHICLES)

NAME OF DRIVER: \_\_\_\_\_  
 ADDRESS & ZIP CODE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 SOC. SECURITY #: \_\_\_\_\_  
 (required)

NAME OF UB STUDENT: \_\_\_\_\_  
 (if different than driver)



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

DATE	FROM (LOCATION)	TO (LOCATION)	One-way or Roundtrip? (CIRCLE ONE)	PASSENGERS (OTHER THAN DRIVER)
			One-way    Roundtrip	
			One-way    Roundtrip	
			One-way    Roundtrip	
			One-way    Roundtrip	
			One-way    Roundtrip	
			One-way    Roundtrip	
			One-way    Roundtrip	
			One-way    Roundtrip	

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

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

For Office Use Only:

Received on: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Total Miles and Reimbursement Amount: \_\_\_\_\_ miles \$ \_\_\_\_\_

Staff Name & Date when Reimbursement DPV was processed: \_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_