

Phillips Scholars Program Mileage Reimbursement Form

Name (print) _____

Address: _____

City: _____ State: _____ Zip: _____

FOR TRANSPORTATION EXPENSES IN CONNECTION WITH

Event: _____

Date: _____ Site: _____

RECORD OF MILEAGE/TRANSPORTATION:

From _____ To _____ # of Miles _____

From _____ To _____ # of Miles _____

Total # of Miles _____ **at** **\$0.405** _____ **per mile**

Total \$ _____

Signature: _____

Date: _____

I herewith certify that the above is a true statement of travel expenses incurred by me in connection with said event; and I accordingly make claim for reimbursement.

SEND MILEAGE REIMBURSEMENT REQUEST TO

Molly Doran, Development Program Associate, Minnesota Private College Fund
445 Minnesota Street, Suite 500, St. Paul, Minnesota 55101