## MIAMI DADE COLLEGE MONTHLY MILEAGE REIMBURSEMENT REQUEST

This form is used to request monthly reimbursement for travel expenses incurred in the conduct of College business and in accordance with MDC Procedure 3400. For reimbursements under \$100, present this form to the Campus Bursar's Office. For reimbursements above \$100, send approved form and Disbursement Request to Accounts Payable.

	FROM	ŋ	ГО	leage chart) MILES ONE-WAY	MILES ROUNDTRIP	TOTAL MILEAGE	
				UNE-WAI	KOUNDIKIP	WILLAGE	
'otal miles for the mon	thmiles :	X	= Total mileage ex	kpense	\$		
		(Rate)	Parking Fees (A		\$		
Account Number:			Highway Tolls,		<u>\$</u>	•	
	Cost Center	Object Code	Total Reimburs	able Expense	<u>\$</u>	•	
Name of Traveler (Print)		Employ		Signature			
					Signature		
					Signature		
Date	e	Depa	artment		Signature Campus		
	e ity on the vehicle used in th	-	artment				
	ity on the vehicle used in th	e above detailed College	artment	 		Approval	
certify that I had liabil Signature of	ity on the vehicle used in th	e above detailed College	artment e-related travel.		Campus epartment Head A	Approval	
certify that I had liabil Signature of <i>NOTE:</i> If an individual	ity on the vehicle used in th	e above detailed College Tele ed above is to receive the	artment e-related travel.	lowing authorizat	Campus epartment Head A ion is required:		
certify that I had liabil Signature of <i>IOTE:</i> If an individual	ity on the vehicle used in th	e above detailed College Tele ed above is to receive the	artment e-related travel. ephone e above amount, the fol	lowing authorizat	Campus epartment Head A		
certify that I had liabil Signature of <i>IOTE:</i> If an individual	ity on the vehicle used in th	ed above is to receive the Printec	artment e-related travel. ephone e above amount, the fol	lowing authorizat	Campus epartment Head A ion is required:		
certify that I had liabil Signature of <i>IOTE:</i> If an individual	ity on the vehicle used in th	ee above detailed College Tele ed above is to receive the Printec Signature o	artment e-related travel. ephone e above amount, the fol l Name of Traveler	lowing authorizat	Campus epartment Head A ion is required:		
certify that I had liabil Signature of <i>NOTE:</i> If an individual	ity on the vehicle used in th	ee above detailed College Tele ed above is to receive the Printec Signature o	artment e-related travel. ephone e above amount, the fol	lowing authorizat	Campus epartment Head A ion is required:		
certify that I had liabil Signature of <i>IOTE:</i> If an individual	ity on the vehicle used in th	ee above detailed College Tele ed above is to receive the Printec Signature o	artment e-related travel. ephone e above amount, the fol l Name of Traveler FFICE USE ONLY	lowing authorizat	Campus epartment Head A ion is required: ceive this reimbu	rsement.	

## AUTHORIZED MILEAGE CHART FOR INTER-CAMPUS TRAVEL

	-				1						
	то	то	то	то	то	то	то	то	то	то	то
FROM	NORTH CAMPUS	KENDALL CAMPUS	WOLFSON CAMPUS	MEDICAL CAMPUS	HOMESTEAD CAMPUS	INTER- AMERICAN CAMPUS	AVIATION TAMIAMI AIRPORT	HIALEAH CAMPUS	MIAMI INT'L AIRPORT	ENTREPRE- NEURIAL CENTER	WEST CAMPUS
NORTH CAMPUS		22	10	8	42	8	29	5	7	5	16
KENDALL CAMPUS	22		16	17	20	15	5	15	14	20	12
WOLFSON CAMPUS	10	16		2	37	5	21	16	7	5	15
MEDICAL CAMPUS	8	17	2		36	4	22	10	4	3	12
HOMESTEAD CAMPUS	42	20	37	36		35	21	34	33	39	29
INTER- AMERICAN CAMPUS	8	15	5	4	35		21	13	6	7	13
AVIATION TAMIAMI AIRPORT	29	5	21	22	21	21		21	20	25	15
HIALEAH CAMPUS	5	15	16	10	34	13	21		7	10	8
MIAMI INT'L AIRPORT	7	14	7	4	33	6	20	7		6	7
ENTREPRE- NEURIAL CENTER	5	20	5	3	39	7	25	10	6		13
WEST CAMPUS	16	12	15	12	29	13	15	8	7	13	