

ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY, NORTHRIDGE REQUEST FOR MILEAGE REIMBURSEMENT

Date

Club/Organization

Purpose of Travel

DATE	FROM	ТО	TOTAL MILES	*RATE	AMOUNT
			. 1		

Total Amount Requesting: \$_____

* <u>Please Note</u>: Activities may set Mileage rates according to their budget needs and limitations; however, the maximum reimbursement rate allowable is \$0.575 per mile. This document must be accompanied with a GoogleMaps printout indicating miles traveled.

Signature of Claimant

Please Print Full Name