



ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY, NORTHRIDGE
REQUEST FOR MILEAGE REIMBURSEMENT

Date

Club/Organization

Purpose of Travel

DATE	FROM	TO	TOTAL MILES	*RATE	AMOUNT

Total Amount Requesting: \$_____

* Please Note: Activities may set Mileage rates according to their budget needs and limitations; however, the maximum reimbursement rate allowable is \$.65.5 per mile. This document must be accompanied with a GoogleMaps printout indicating miles traveled.

Signature of Claimant

Please Print Full Name