

**PERSONAL MILEAGE CHECK REQUEST FORM**

**UPAC FUNDED PERSONAL MILEAGE USE THIS FORM**

**RECEIPTS ARE NOT NEEDED WHEN USING THIS FORM**

**\*\*This form can only be submitted post-trip, and is subject to verification of Travel Registration completion. See Travel Reimbursement Guidelines.\*\***

**DATE:** \_\_\_\_\_

**FUNDING SOURCE (Check applicable boxes):**

UNRESTRICTED ( 30 ) (funds raised by organization)

UPAC allocated Funds ( 10 )

Summer Activity Allocation

ACTIVITY FEE ( 40 ) (Standing Allocation)  
ACTIVITY CODE (if applicable) \_\_\_\_\_

**ORG/ACCT # \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_**

I AM REQUESTING REIMBURSEMENT FOR MILEAGE EXPENSES INCURRED WHILE TRAVELING ON ORGANIZATIONAL/UNIVERSITY BUSINESS BASED ON THE FOLLOWING INFORMATION:

**IF UPAC FUNDED ID#** \_\_\_\_\_

| PURPOSE OF TRAVEL | DESTINATION - CITY, STATE | DATES OF TRAVEL |   | TOTAL AMOUNT  |
|-------------------|---------------------------|-----------------|---|---------------|
| <b>MILEAGE</b>    |                           |                 | X | = FS 30 _____ |
|                   |                           |                 | X | = FS 10 _____ |
|                   |                           |                 | X | = FS 40 _____ |
| <b>TOTAL \$</b>   |                           |                 |   | _____         |

THE UNIVERSITY REIMBURSEMENT RATE CAN VARY. PLEASE VISIT [HTTPS://TRAVEL.PSU.EDU/REIMBURSEMENT-RATES](https://travel.psu.edu/reimbursement-rates) TO OBTAIN CURRENT RATE PER MILE.

**PAYEE** (please print clearly) \_\_\_\_\_

Check applicable box:  PICK UP  MAIL

**MAILING ADDRESS (If applicable):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
**TREASURER SIGNATURE (Required)** **E-Mail**

X \_\_\_\_\_  
**\*\* ADVISOR / CO-SIGNING OFFICER**

**ASA USE ONLY:**

VENDOR # \_\_\_\_\_ ORG.# \_\_\_\_\_

Vendor Initials \_\_\_\_\_ M/D \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

FS AC S OBJ

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \$ \_\_\_\_\_

Coded By: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_

• All Check Requests are subject to ASA Verification

Date received by ASA

Received By: \_\_\_\_\_