

MILEAGE REIMBURSEMENT REQUEST

Auxiliary Accounting Services

5500 University Parkway. San Bernardino, CA 92407
Main (909) 537-7213 Fax (909) 537-7175

ASI PHL SUN UEC

Are you a first time payee? If so, complete and attach a W-9

CHECK DISTRIBUTION	
Mail Check to Home Address	<input type="checkbox"/>
Pick up @ Fdtn Rm 109	<input type="checkbox"/>
Extension:	_____

Claimant Name (Please Print)		Date	Phone
Home, Address, City, State, Zip Code			
Name of Insurance Company	Vehicle License Plate #	Driver's License #	State

PEOPLESFT CHARTFIELD

Account	Fund	Dept	Program	Class	Project	Amount
Total						

Mileage is reimbursed at the current IRS Standard Mileage Rate, which is subject to change yearly, as set forth in the Rev. Proc 99-38 unless otherwise stated by funding agency. Please check with the Auxiliary Accounts Payable Office for the current rate.

Travel Date	From (Address)	To (Address)	Purpose (Please provide agenda, if available)	Miles	Rate	Parking/ Etc.	Total

TOTAL CLAIM

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I CERTIFY THAT:

- 1) The above is a true statement of the travel expenses incurred by me for the official business of ASI,PHL,SUN, or UEC and if a private vehicle was used, I have met the requirements prescribed by Auxiliary Accounting Procedures.
- 2) Duplicate payment has not been requested from either CSUSB, or any other agency.
- 3) When I drove my privately owned vehicle on business, I had a valid driver's license in my possession, all person in the vehicle wore safety belts, and the car was covered by liability insurance for the minimum amount prescribed by State Law. Also, all accidents incurred were reported to the Auxiliary Office within 48 hours after occurrence.

Claimant Signature Date

Account Authorized Signature Approval Date

Approved By (Please Print)

Auxiliary Use Only
Vendor# _____
Voucher# _____
Budget Approval _____

MILEAGE REIMBURSEMENT REQUEST

An employee may be reimbursed for mileage when they use their personal vehicle for ASI, PHL, SUN, or UEC official business. Employees using a private auto must have liability insurance for their vehicles.

The Mileage Reimbursement Request should be filled out in a timely matter after traveling. Auxiliary Accounting requests that travel requests be filled out at least monthly. Please type or print legibly.

2. Please select business unit that activity has occurred in.

- ASI Associated Students, Inc.
- PHL Philanthropic Foundation
- SUN Santos Manuel Student Union
- UEC University Enterprises Corporation at CSUSB

2. Check Distribution

Please specify how you would like your check to be handled. Please be advised that if you request the check to be mailed, it will go to the address indicated on the form.

3. Personal Information

- Claimant - Name of the person traveling
- Date - The date you are filling out the request
- Phone - Home phone number of Claimant
- Home Address - Home address of Claimant
- Insurance Company - Name of Claimant's auto insurance company
- Vehicle License Plate number- Claimants license plate number
- Driver's License - Claimants driver's license number and state issued in

3. Peoplesoft Chartfield

Enter the account, fund, dept., program or project, and amount.

4. Travel Information

- Travel Date - The date you used your car for official business
- Destination/Purpose - Indicate the location traveled to, and the purpose for traveling. Include copy of agenda.
(For example: San Bernardino Hilton, ABC Conference)
- Parking/Etc. - Indicate any parking or toll expenses associated with the trip. Please provide receipts.
Please note: Valet parking services are not a reimbursable expense, unless it was the only parking available. If this is the case, please notate that on the claim.
- Miles - Indicate the total number of miles traveled.
Reimbursement will be the shorter of either
 - a. From the University to destination, or
 - b. If you left from your place of residence.
- Rate - Indicate the current mileage rate. Check with Auxiliary Accounts Payable Office.
- Total - Indicate the total dollar amount requested for this trip (miles X rate + parking/etc.).

5. Total Claim

Indicate the total dollar amount of the claim being requested.

7. Prepared by Claimant

Person preparing the mileage reimbursement request

6. Certification

It is important to read and understand this information. Anytime an individual travels on Official business, they MUST provide their Driver's License number and the name of their Insurance Company.

9. Approved By

An authorized signer on the account must approve and date the Mileage Reimbursement Request.

The Accounts Payable turnaround timeframe is 10 business days, upon receiving the completed forms and the appropriate back-up documentations.