ACADEMIC YEAR COMPONENT
MILEAGE REIMBURSEMENT REQUEST FORM
(PRIVATE VEHICLES)

NAME OF DRIVER: _____

ADDRESS & ZIP CODE: _____

_____

Purpose of Travel: _____

SOC. SECURITY #: _____

(required)

***PLEASE RETURN THIS FORM WITHIN 30 DAYS OF THE DATE OF TRAVEL**

DATE	FROM (LOCATION)	TO (LOCATION)	One-way or Roundtrip? (CIRCLE ONE)	PASSENGERS (List all UB Students in vehicle)
			One-way Roundtrip	
			One-way Roundtrip	
			One-way Roundtrip	
			One-way Roundtrip	

I certify that the above information is correct. The mileage claimed was for the purpose of transporting participants of the Upward Bound program to and from scheduled Upward Bound activities.

Signature: _____

For Office Use Only:
Received on: _____
Reviewed by: _____
Total Miles and Reimbursement Amount: _____miles $_____
Staff Name & Date when Reimbursement DPV was processed: _____ ____/____/ 20____