The Lawrence

Mileage Reimbursement Request Form 2025

Name:		**Date:**	
City of Residence:	**License Plate # if personal car used:**	**Employee ID #**	**US Citizen?** **Yes** ☐ **No** ☐
Charging a Contract or Grant? Please Identify the Line Item on Budget:			

Account	Fund	Department	Program	Chartfield 1	Chartfield 2	TOTAL
57213						

Date	From (City)	To (City)	**Detailed Business Purpose:** (Put **RT** at the end of purpose description, if claiming round trip). **NOTE**: Mileage claimed should only be that in excess of normal commute, the general rule is: **Mileage claimed** = Total Mileage – Normal Commute	Bridge Toll	BART, Lyft/Uber, Parking **(indicate which)**	Miles on personal vehicle (reimbursed at $0.70 per mile)
					miles driven:	0
				SUB-TOTALS	$ 0.00	$ 0.00	$ 0.00
				TOTAL DUE TRAVELER		**$ 0.00**	

Authorized PI/ Director Approver	PRINT:	SIGN:	**DATE:**
Financial Analyst	PRINT:	SIGN:	**DATE:**

CERTIFICATIONS:

Traveler Certification	PRINT:	SIGN:	**DATE:**
I certify the above is a true statement, that the expenses claimed were incurred by me on official University business on the date(s) shown, and that I have attached original receipts for each expense of $75 or more, as required by University policy.			
Authorized Dept Approver	Florencia Ramos, Deputy Director, LHS or Amanda Poon, LHS Budget Officer	SIGN:	**DATE:**
I authorize these expenditures and approve this claim to be submitted for review of University policy compliance.			
Exceptional Approval	Vice Chancellor of Research Katherine Yelick	SIGN:	**DATE:**

Effective January1, 2025 Private Car Mileage Reimbursed at 70¢/mile **Last Modified: 11-6-2025**