



**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 \$0.56 per mile. This document must be accompanied with a GoogleMaps printout indicating miles traveled.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Please Print Full Name