AS | ASSOCIATED STUDENTS

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 $0.545 per mile. This document must be accompanied with a MapQuest printout indicating miles traveled.

_____
Signature of Claimant

_____
Please Print Full Name