Request for Mileage/Parking Reimbursment through Accounts Payable								
	Note: R	eimbursements for mileage,	/parking should be submi	tted timely (at least qu	arterly).		
EMPLOYEE NAME		EMPLOYEE ID NO.		AGENCY / ORG		PAYMENT V	OUCHER#	PAGE 1 of
	DEPARTED FROM (ADDRESS OR DESCRIPTION)	ARRIVED AT (ADDRESS OR DESCRIPTION)			PARKING	ASU BUSINESS PURPOSE		
DATE	INDICATE ODOMETER READINGS OR IDENTIFY ADDRESS	APS PRINTOUT **	MILES	EXPENSE ***	(ATTACH ADDITIONAL PAGES IF NEEDED)			
				-				
			Rate Per Mile	Total Miles	Total Parking	Mileage Amount	TOTAL FROM OTHER PAGES	GRAND TOTAL
TOTALS from this page			0.445					
Common mileage from Tempe campus (one way) - Downtown Phoenix campus: 10 - Polytechnic campus: 23 - West campus: 28 - Research Park: 7 - (West campus to Poly campus: 48)								
Traveler certifies that: the items of expense were incurred for authorized official state DIRECT INQUIRIES TO: (Traveler or Other Person Completing Form) Mail Code Phone								
business; the expenses are correct and the charges proper; reimbursements claimed were out- of-pocket charges paid by the traveler. For expenses related to car rentals and state vehicles, I								
certify that I have attended Defensive Driver Training within the last 4 years, and submitted the Driver Authorization Form along with a copy of my current Arizona driver's license (or valid TRAVELER'S SIGNAT			TURE:				Date:	
driver's license specific to work location) to OHR. For claiming mileage on a personal vehicle, I certify that I have current vehicle insurance and a valid driver's license.		APPROVER'S SIGNATURE:					Date:	
** Employee may indicate the beginning/ending odometer readings, or identify the exact departure/arrival addresses and attach a printout from MapQuest or Google Maps that indicates the route and mileage.								
*** Receipt for parking expense should be attached. If parking meter is utilized that provides no receipt, write 'meter' in the Business Purpose field.								