

**Student Government Association**  
**MILEAGE REIMBURSEMENT FORM**

Name: \_\_\_\_\_

Student 800: \_\_\_\_\_

2020-2021 SGA Mileage

Address: \_\_\_\_\_

Rate \$ 0.575 per mile

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Club Name: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

\_\_\_\_\_

Date	Destination and/or Return	Odometer In	Odom. Out	Mileage	Claim (Mileage x Rate/Mile)
				<b>TOTAL</b>	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature