UC San Diego
SKAGGS SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES

Mileage Reimbursement Form

PURPOSE: Use this form when you need to be reimbursed for mileage ONLY.

Date: **Name of Driver:** **Social Security Number:**

Email Address: **Phone Number:**

Names of Other Employees in Vehicle:

Event / Conference Title or Purpose of Trip:

Dates of Travel: **Index Number(s) To Be Charged:**

Event Location:

City **State**

Roundtrip Mileage: **License Plate Number:**

Make, Model & Year of Vehicle Used:

PLEASE ATTACH ALL ORIGINAL RECEIPTS TO THIS FORM AND SUBMIT TO YOUR ADMINISTRATVIE CONTACT PERSON

Updated 6/26/2013