



Embrace Excellence

## *Mileage Request Form*

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Department: \_\_\_\_\_ Pay Period: \_\_\_\_\_

DATE(s)

**Satellite/Other Travel**

To: \_\_\_\_\_

From: \_\_\_\_\_

*List actual time started work at location and  
actual time left location.*

**MILEAGE**

Date: \_\_\_\_\_

Miles: \_\_\_\_\_

To: \_\_\_\_\_

Difference between home and main location and home and

From: \_\_\_\_\_

new location: \_\_\_\_\_

**2018 Reimbursement Rate of .545 per mile**

**To & From**

**Mileage**

**Round Trip**

**Reimbursement**

Harcourt

38

\$20.71

Kokomo

88

\$47.96

Terre Haute

174

\$94.83

Fishers

42

\$22.89

Westfield

19

\$10.36

**To & From**

**Mileage**

**Round Trip**

**Reimbursement**

Harcourt

107

\$58.32

Lafayette

24

\$13.08

Riley

22

\$11.99

Methodist

40

\$21.80

South

**SUPERVISOR'S**

**APPROVAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

HR General Fax 317-872-6805