Reimbursement for Mileage, Parking, Taxi, and Car Expenses

Return Completed Form to Accounts Payable | PHONE: 480·965·3511 **| FAX:** 480·965·1661 **| MAIL CODE:** 5912

Employee Name: _____ **Employee ID:** _____ **Agency/Org:** _____

Payment Voucher Number: _____ **Page Number:** _____ **of** _____

Expense Details

Instructions: Indicate odometer readings or exact addresses for each location. Miles should be supported by printed directions (Google Maps). Include a receipt for all expenses. If a parking is at a meter with no receipt option, write "Meter Parking" in the Business Purpose field.

Date	Departed From	Arrived At	Miles	Parking Expense	Taxi/Car Expenses	Misc Expenses	ASU Business Purpose (Attach additional pages if needed)
TOTALS		**Miles at $0.445**	0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	**GRAND TOTAL**	$ 0.00

Common mileage from Tempe Campus (one way): Downtown Phoenix Campus – 10; Polytechnic Campus – 23; West Campus – 25; Research Park – 7; Thunderbird – 28

I certify that the items of expense were incurred for authorized official state business; the expenses are correct and the charges are proper; and reimbursements claimed were out-of-pocket charges paid by me. For expenses related to car rentals and state vehicles, I certify that I have attended Defensive Driver Training within the last four years, and submitted the Driver Authorization Form along with a copy of my current Arizona driver's license (or valid license specific to work location) to the Office of Human Resources. For claiming mileage on a personal vehicle, I certify that I have current vehicle insurance and a valid driver's license.

Employee Signature: _____ **Date:** _____

Approver Signature: _____ **Date:** _____

Contact Name: _____ **Phone:** _____