



Mileage & Tolls Reimbursement *(Receipts for Tolls Required)

Date of Request: _____

Employee Name: _____

Address (only if new): _____

Date	Mileage 0.45	Tolls	Description of Travel	Acct.#	Total to pay	Cost Center
Total				7401		

Other Expenses *(Receipts Required)

Date	Expenses	Description	Acct. #	Total to pay	Cost Center
Total			6534		

Receipts required for tolls and other expenses.

Employee Signature: _____ Check Amount \$ _____ -

Approved By: _____

Manager/Supervisor Signature

Please Note:

Requests received after 5:00 p.m. Monday will be processed the following Friday(not current week)

Request should be submitted no later than 45 days after occurrence. If not submitted within 45 days after occurrence, mileage reimbursement will be forfeited.

It is the responsibility of each employee to update their personal information with Gateways Community Services Human Resources department.

If an employee fails to provide proof of current valid driver's license and current vehicle insurance, any mileage reimbursement request for payment will be suspended until such documentation is received by Human Resources.

Once current records are verified, approved mileage reimbursements will be processed.

Below for Finance Office Use Only

Account Number: _____

Date Posted _____