



**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.#	Amount	Cost Center
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
<b>Total</b>			<b>Total Mileage and Tolls</b>	<b>7401</b>	<b>\$0.00</b>	

**Other Expenses \*(Receipts Required)**

Date	Expenses	Description	Acct. #	Total to pay	Cost Center
<b>Total</b>			<b>6534</b>	<b>\$0.00</b>	

**Receipts required for tolls and other expenses.**

Requested By: \_\_\_\_\_ Check Amount \$ 0.00

Approved By: \_\_\_\_\_  
 Director of Program

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**

<b>Account Number:</b> _____
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