

# Mileage Reimbursement Form

## FINANCE DEPARTMENT



YOUR NAME

DEPARTMENT

ASSIGNED HOME CAMPUS

FOR THE PERIOD OF

Return mileage example for Business Kilometres: TRAIL to CASTLEGAR = **62 km** / NELSON to CASTLEGAR = **94 km**

THE RATE/KM

| DATE | PURPOSE | TO/FROM | BUSINESS KILOMETERS |
|------|---------|---------|---------------------|
|      |         |         |                     |
|      |         |         |                     |
|      |         |         |                     |
|      |         |         |                     |
|      |         |         |                     |
|      |         |         |                     |
|      |         |         |                     |
|      |         |         |                     |
|      |         |         |                     |
|      |         |         |                     |

TOTAL

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|---|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8 | 3 | 0 | 4 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|---|

AMOUNT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|---|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 8 | 3 | 0 | 4 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|---|

AMOUNT

GST

VOUCHER

I certify that the kilometers claimed are true and have been claimed in accordance with Selkirk College guidelines for reimbursement as outlined in the appropriate policy and/or collective agreement. This form will be disclosed to the CRA in the event of an audit.

YOUR SIGNATURE (CLAIMANT)

APPROVING MANAGER SIGNATURE

250 365 1295 Finance Department

1 888 953 1133 selkirk.ca

Within Reach. Beyond Imagination.