



# COLORADO COLLEGE

## Mileage Reimbursement Form

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2024 Mileage rate (as of 1/1/2024) - \$.67 per mile

**Payment Information** (to be completed by payee)

Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Description of business travel: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

# of miles (round trip): \_\_\_\_\_ (attach MapQuest/ GoogleMaps report)

Reimbursement amount \$ \_\_\_\_\_ (check Finance website for current rate)

FOAP \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FOAP \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (split between multiple orgs)

**Requested by:** \_\_\_\_\_ Date: \_\_\_\_\_

**Approver Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION 3** Special Instructions

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Submit for reimbursement in Concur  
If you have any questions, please contact Accounts Payable 389-6782