



Mileage Reimbursement Form

2026 mileage rate (as of 1/1/2026) = \$0.725 per mile.

2025 mileage rate for miles driven in 2025 = \$0.70 per mile.

Payee Information

Name: _____ Employee ID #: _____

Travel Information

Description of Business Travel: _____

Dates of Travel: _____

Accounting Information

of Miles (round trip): _____ *(Attach MapQuest or Google Maps Report)*

Reimbursement Amount: \$ _____ *(Total # of Miles x Mileage Reimbursement Rate)*

FOAP: _____ - _____ - _____ - _____
(Fund) (Org) (Account) (Program)

FOAP: _____ - _____ - _____ - _____ *(if splitting)*
(Fund) (Org) (Account) (Program)

Approvals

Payee: _____ Date: _____

Approved By: _____ Date: _____

Printed Name: _____

Special Instructions

Please submit this reimbursement form in Concur, along with the MapQuest or Google Maps Report.

Print for signature or run through AdobeSign, then upload to Concur (including AdobeSign signature receipt page if applicable).

Contact Accounts Payable with questions: AccountsPayable@coloradocollege.edu, or x6782. Thank you!