

# FWSU Mileage Reimbursement Report

Month/Year: \_\_\_\_\_

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

Position: \_\_\_\_\_

Date	Description	Mileage
<b>Total Miles Traveled</b>		
<b>IRS Rate (effective 1/1/25)</b>		\$0.70
<b>Total Reimbursement</b>		\$

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

Account Code: \_\_\_\_\_