


Mileage Reimbursement Process - RA Team

- Mileage reimbursement forms are to be submitted **electronically** within 30 days of month-end
- Requirements
 - Mileage Reimbursement Form with to/from lines filled out and signed by payee
 - Map of route taken for each journey (google/apple maps screenshots)
 - EmployeeID
 - Confirmation that payee's direct deposit is still active
 - If direct deposit is not active, remit-to address should be included
 - PI budget approval
 - To reduce administrative burden on the PI, submit mileage reimbursements monthly when possible
- Use newest form: <https://thesanfordschool.asu.edu/sites/default/files/2021-12/AP-Mileage-Reimbursement-Form.pdf>



Reimbursement for mileage, parking, taxi and car expenses
Return completed form to Accounts Payable | Phone: 480-965-3511 | Fax: 480-965-1661 | Mail Code: 5912

Employee name: _____ Employee ID: _____

Cost Center + Program, Gift, Grant or Project worktag: _____ Page number: _____ of _____

Expense details							
Instructions: Indicate odometer readings or exact addresses for each location. Support mileage with printed directions using Google maps or include a receipt for all expenses. If parking is at a meter with no receipt option, write "meter parking" in the business purpose field.							
Date	Departed from	Arrived at	Miles	Parking expense	Taxi or Car expenses	Misc. expenses	ASU business purpose attach additional pages if needed.
Totals		Miles at \$0.445	0.00	\$ 0.00	\$ 0.00	\$ 0.00	Grand total
							\$ 0.00

Common one-way mileage from Tempe campus: Downtown Phoenix campus — 10 miles; Polytechnic campus — 23 miles; Research Park — 7 miles; West campus — 25 miles.

I certify that the items of expense were incurred for authorized official state business; the expenses are correct and the charges are proper, and reimbursements claimed were out-of-pocket charges paid by me. For expenses related to car rentals and state vehicles, I certify that I have attended the Authorized Driver Program. For claiming mileage on a personal vehicle, I certify that I have current vehicle insurance and a valid driver's license.

Employee signature: _____ Date: _____

I certify that my direct deposit information is up to date.

Cost Center
Manager signature: _____ Date: _____

Contact name: _____ Phone: _____

ASU Financial Services | Revised 02/07/20

- Travelers are paid for actual miles traveled from their home or campus, whichever is less, to their travel destination. Only the miles driven in excess of the normal commute are reimbursable