

**MILEAGE & TRAVEL EXPENSE CLAIM FORM (1/1/2026 - 12/31/2026)**

Building: \_\_\_\_\_

Date	Purpose of Travel	Destination	Miles	DETAILED ORIGINAL RECEIPTS REQUIRED		
				Tolls*	Meals*	Misc*
		Totals		\$	\$	\$

Mileage @ <b>.725</b> (cents) per mile**	\$
Tolls	\$
Meals	\$
Miscellaneous	\$
<b>TOTAL REIMBURSEMENT:</b>	\$

Date \_\_\_\_\_

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

**Budget Code:** \_\_\_\_\_

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

**\*\*Mileage is based on annual IRS established business rate**