

Mileage Claim Form
St John's College

Name: _____

Position: _____

Submitted on: _____

Date	Mileage (in km.)	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MILEAGE: _____

RATE: x .38 per km.

REIMBURSEMENT: _____

SIGNATURE: _____

Approved by: _____

DATE: _____