

Kilometer Claim Form  
St John's College

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

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

Submitted on: \_\_\_\_\_

Date

Kilometers

Purpose

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TOTAL MILEAGE: \_\_\_\_\_

RATE: x .46 per km.  
\_\_\_\_\_

REIMBURSEMENT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Approved by: \_\_\_\_\_

DATE: \_\_\_\_\_