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| **Request for Mileage Reimbursement Form** |
|  | **Employee Name** |  | **Rate Per Mile** | **$0.575** | **NOTE:** | **The IRS periodically changes the per mile reimbursement rate.**  |
|  |  |  | **Total Mileage** |  |  |
|  |  |  | **Total Reimbursement** |  |  |
|  | **Account Number:** |  |  |
|  |  |  |
| **Date** | **Starting Location** | **Destination** | **Description/Notes** | **Odometer Start** | **Odometer End** | **Mileage** |  |
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No google map is required for trips to KVCS, LBL ESD, LBCC or between PSD campuses.

Round trip from Philomath to KVCS (28 mi) LBL ESD (34 mi) LBCC (31 mi) LANE ESD (76 mi)

Requester (signature): Date:

Authorized Approver (signature): Date: