

## Public Policy Analysis Mileage and Expense Reimbursement Form

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

\_\_\_\_\_ Direct Deposit set up?

**Mileage** (all driving begins at and returns to Pomona College & attach a Google Map or MapQuest map):

Date	Destination	Reason for Travel	Round-trip Miles
		PPA195 Internship	
		PPA195 Internship	
		PPA195 Internship	
		PPA195 Internship	
		PPA195 Internship	
		PPA195 Internship	
		PPA195 Internship	
Total Miles			

(Multiply total miles by 65.5 cents per mile to determine reimbursement amount.) Sub-total, **Mileage \$** \_\_\_\_\_

**Other expenses such as Metrolink, bus, parking** (attach all receipts):

Date	Type of Expense	Reason for Expense	Amount

Subtotal, **Other Expense \$** \_\_\_\_\_

**Total request \$** \_\_\_\_\_

Your signature: \_\_\_\_\_

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

Your printed name: \_\_\_\_\_

PPA Authorization: \_\_\_\_\_

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