Public Policy Analysis
Mileage and Expense Reimbursement Form

Name: _____Student ID #_____

_____ Direct Deposit set up (required) ?

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 67 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: _____

Rev 9/24