**Lewis & Clark College**

**Travel Reimbursement Policy**

**Travel Policy**

Use of Personal Vehicles: The College will pay a standard rate of $0.54 per mile for official travel by employees using their own vehicles. **Mileage is to be based on the shortest and most direct route**. The College does not reimburse employees for commuting between home and campus or for meetings on campus.

The mileage rate covers all costs of automobile ownership, operation and maintenance, including insurance. Employees' personal vehicles do not have coverage under the College's insurance policy when used for College business: the owner's insurance represents the only coverage available.

**Travel Reimbursement**

In order to comply with IRS regulations (so that we won't have to consider your mileage reimbursements taxable), mileage reimbursements must now be requested **within 60 days** of your travel.

We ask that you send the mileage form with any mileage you incur for supervision of your intern(s) following the 60 day limit ruling. The mileage reimbursement rate is

$.54 per mile. If you have any questions, please do not hesitate to call Teacher Education at 503-768-6100.

**Return Form within 60 days of travel to: Teacher Education**

**Email:** [**lcteach@lclark.edu**](mailto:lcteach@lclark.edu)

**Fax: 503 768-6115**

**Lewis & Clark College**

**Graduate School of Education and Counseling**

**Department of Teacher Education**

**0615 SW Palatine Hill Rd.**

**Portland, OR 97219**

Date:

**DEPARTMENT OF TEACHER EDUCATION LEWIS & CLARK COLLEGE** *MILEAGE EXPENSE REPORT*

**Payee Name: LCID#:**

**Payee Address:**

**INDICATE PAYMENT METHOD AT BOTTOM OF FORM. SIGN form please.**

Reimbursement requests must be submitted within **60 days** of the employee/student incurring the expense. Reimbursement policies: [www.lclark.edu/offices/business/accounts\_payable/expense\_reimbursements/index.php](http://www.lclark.edu/offices/business/accounts_payable/expense_reimbursements/index.php)

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| --- | --- | --- | --- |
| Date | Destination | Purpose | Mileage |
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**Total Mileage:**

Mileage reimbursement rate is **.54** cents per mile.

**Total Reimbursement:**

**REQUIRED FOR EMPLOYEE/STUDENT REIMBURSEMENTS: CERTIFICATION OF PAYEE**

*I hereby certify that all expenses on this reimbursement request were incurred for Lewis & Clark College business purposes and have not previously been submitted for reimbursement. Expenditures were made in accordance with Lewis and Clark College policies.*

**Please process my payment as:**

**Signature** Direct Deposit (register in WebAdvisor) Mail Check

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| --- | --- | --- |
| **FOR INTERNAL USE ONLY:** | | |
| Account Number (11 Digits) | Debit | Credit |
| 200-0519-7000 |  |  |
| Authorized Signature Date  ***Payment Method (Select One):***  Cash For reimbursements less than or equal to $50  E-Check REQUIRED: bank information recorded in Webadvisor  Mail to Above Off-campus addresses only  Pick up Check  **For Business Office Use:**  By: Voucher Date Voucher Number | | |