**Lewis & Clark College**

**Travel Reimbursement Policy**

**Travel Policy**

Use of Personal Vehicles: The College will pay a standard rate of $0.56 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 be requested **within 60 days of your *first* date of travel**.

We ask that you send the mileage expense report with any mileage you incur for supervision of your intern(s) allowing a week for processing. The mileage reimbursement rate is $.56 per mile. If you have any questions, please do not hesitate to call Teacher Education at 503-768-6104.

**Please return report to:**

**Department of Teacher Education, MS 14**

**Lewis & Clark Graduate School of Education and Counseling**

**0615 SW Palatine Hill Road**

**Portland, OR 97219**

[**scalem@lclark.edu**](mailto:scalem@lclark.edu)

**LEWIS AND CLARK COLLEGE**

**Teacher Education Department**

**Mileage Expense Report**

**Date: LCID#:**

**Payee Name:**

**Payee Address:**

Reimbursement requests must be submitted to the business office within **60 days of the first 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 **.56** 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.*

**Payee Signature:** Mail Check / Direct Deposit (circle one)

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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 | | |