

### Business Expense Reimbursement Form

\* Download Form - DO NOT Print as PDF \*

**Name:**

**Purpose (Where/Why):**

**Authorized by:**

Period (When)	
From:	
To:	

Mileage Rate	
\$0.625/mile	
Miles Driven:	

Date	Dept.	Expense Code	Amount	Description (What)
Total Expenses:				Mileage Rate/mile:

\* Must include attached receipts \*

Employee Signature: \_\_\_\_\_

Date

Authorized by Signature: \_\_\_\_\_

Date

**Send completed form to your supervisor AND [checkrequests@finlandia.edu](mailto:checkrequests@finlandia.edu)**