Education Department
St. Lawrence University
Mileage Expense Reimbursement Form

Employee Name _____ Social Security # _____

Reason for Travel: *(for personal vehicle use ONLY)*

☐ Student Teaching Observation ☐ Internship Observation ☐ Practicum Observation
☐ Business Travel

Date	Destination	Mileage (Round Trip)
Total Number of Miles	➡	

Total Number of Miles _____ **x .50 =** _____

Employee Signature _____ Date _____

(Submit completed forms to Erin Basford)