



COLORADO COLLEGE

Mileage Reimbursement Form

2025 Mileage rate (as of 1/1/2025) - \$.70 per mile

Payment Information (to be completed by payee)

Name: _____

ID#: _____

Description of business travel: _____

Dates of Travel: _____

of miles (round trip): _____ (attach MapQuest/ GoogleMaps report)

Reimbursement amount \$ _____ (check Finance website for current rate)

FOAP _____ - _____ - _____ - _____

FOAP _____ - _____ - _____ - _____ (split between multiple orgs)

Requested by: _____ Date: _____

Approver Signature: _____ Date: _____

SECTION 3 Special Instructions

Submit for reimbursement in Concur
If you have any questions, please contact Accounts Payable 389-6782