

**Osher Lifelong Learning Institute at UCI
MILEAGE REIMBURSEMENT FORM**

(For the use of Presenters only)

Traveler's/Course Presenter's Name:	
Address:	
Contact Phone No:	
Vehicle License Plate:	
Date of Lecture:	
Purpose of Trip/Course Title:	
Departure & Destination:	
Total Mileage Traveled (round trip or one way):	(Min 25 mi. Max 100 mi.)
Rate Per Mile:	\$0.58 cents/mile (2019 rate)
Total Amount Due:	

I certify that this is a true statement of expenses incurred for official OLLI business.

Signature of Course Presenter

Date

Approved:

Signature of Committee/Subcommittee Chair
with name of Committee

Date

Approved:

Treasurer

Date

Div Code/Account #'s